

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

4354

103 1. PLACE OF DEATH
 County Stoddard Registration District No. 840
 Township Duck Creek Primary Registration District No. 610B
 City (No. St. Ward)
 2. FULL NAME Barbara Joyce Johnston 523
 (a) Residence, No. St. Ward.
 (Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 7 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Baby
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1, 10, 38
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. one
 OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
 10. Date deceased last worked at this occupation (month and year)
 11. Total time (years) spent in this occupation
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Stoddard county Mo.
 FATHER 13. NAME Andrew Jackson Johnston
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Victoria Louisiana
 MOTHER 15. MAIDEN NAME Edith Elvina Harp
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dexter Mo.
 17. INFORMANT a. Jackson Johnston
 (ADDRESS) Missouri, Mo.
 18. BURIAL, CREMATION, OR REMOVAL PLACE Paris DATE 1, 12, 1938
 19. UNDERTAKER Hickman Whitehead
 (ADDRESS) Paris, Mo.
 20. FILED Jan 13, 1938 Therese Hawk Elenor
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1, 11, 1938
 22. I HEREBY CERTIFY, That I attended deceased from 1, 10, 1938, to 1, 10, 1938
 I last saw h. ER alive on 1, 10, 1938. Death is said to have occurred on the date stated above, at 12 P. m.
 The principal cause of death and related causes of importance were as follows:
Birth injury due to small contracted pelvis and large passenger.
 Date of onset
 Other contributory causes of importance:
 Name of operation none Date of
 What test confirmed diagnosis? Clinical Was there an autopsy? none
 23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? Date of injury, 19...
 Where did injury occur? (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.
 Manner of injury
 Nature of injury
 24. Was disease or injury in any way related to occupation of deceased?
 If so, specify
 (Signed) Dr. John H. Nelson, M. D.
 (Address) Paris, Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECEIVED

FEB 28 1938

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