MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

V. S. NO. 2
50M-10-22-36
1 X9314

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

REC'D APR 15 1938

Do not use this space.

File No. 9991

Registered No.

1. PLACE OF DEATH
4 County Audrain 1
Township
3 City Martinsburg (No. St. Ward)
0

Registration District No. 26
Primary Registration District No. 4019

2. FULL NAME Stillborn Infant of Mr & Mrs. E. C. Johnson 5 2 3

(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 Male
4. COLOR OR RACE Cog
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) —

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF —

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 19/19/38

7. AGE YEARS — MONTHS — DAYS — If LESS than 1 day, ...hrs. or ....min.

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) Martinsburg Mo.

FATHER
13. NAME Edward Clark Johnson
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Auxvause Mo

MOTHER
15. MAIDEN NAME Zola May Kemp
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Martinsburg Mo

17. INFORMANT (ADDRESS) Edward C Johnson.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Martinsburg DATE 3-20 1938

19. UNDERTAKER (ADDRESS) [illegible] Mo.

20. FILED Mar 20, 1938 Mary C. Jacobi Registrar.

MEDICAL CERTIFICATE OF DEATH 38

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 19, 1938

22. I HEREBY CERTIFY, That I attended deceased from March 19, 1938 to March 19, 1938

I last saw him alive on Stillbirth 19 Death is said to have occurred on the date stated above, at 11:45 p.m.

The principal cause of death and related causes of importance were as follows:

Stillbirth at 11:45 P.M. March 19-38

Date of onset

Other contributory causes of importance:

Premature

Name of operation None Clinical Date of

What test confirmed diagnosis? Was there an autopsy?

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? no
If so, specify
(Signed) A. A. Markowitz M. D.
22 (Address) Sellsville Mo