

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.

DEPT APR 20 1938

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

Do not use this space.

1. PLACE OF DEATH

County Jasper
Township Union
City Rockcastle (No. _____)

Registration District No. 413
Primary Registration District No. 5559c

File No. 11137
Registered No. 23
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. _____
(Usual place of abode)

Length of residence in city or town where death occurred yrs. 5 mos. 14 ds. How long in U. S., if of foreign birth? yrs. _____ mos. _____ ds.

Paul Johnson 525
807 Leath St. Ward Joplin
(If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Harry Johnson</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Jan 31 - 1917</u>		
7. AGE	YEARS <u>26</u>	MONTHS <u>2</u>
	DAYS <u>4</u>	If LESS than 1 day, _____ hrs. of _____ min.

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housework</u>
	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 _____

MOTHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Oronogo Mo</u>
	13. NAME <u>R. F. Spear</u>
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>

FATHER	15. MAIDEN NAME <u>Eva Hanten</u>
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>

17. INFORMANT (ADDRESS) <u>Reardo</u>

18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Joplin</u> DATE <u>4/4</u> 19 <u>38</u>
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19. UNDERTAKER (ADDRESS) <u>Paul Sargent Joplin</u>

20. FILED <u>1/11</u> 19 <u>38</u> <u>Harry A. Weaver</u> Registrar.
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MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 4, 1938

22. I HEREBY CERTIFY, That I attended deceased from Nov 20, 1937, to Mar 4, 1938.

I last saw her alive on Mar 3, 1938. Death is said to have occurred on the date stated above, at 8:30 a.m.

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

Tuberculous Tuberculosis

Other contributory causes of importance: 23
Asthma

Name of operation None Date of _____

What test confirmed diagnosis? Res Spec Was there an autopsy? No

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) Jesse E. Dancy, M. D.

(Address) Joplin Mo

