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.

REC'D APR 12 1938

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

Do not use this space.

File No. 11708

Registered No.

1. PLACE OF DEATH
County: Femiscot
Township: Little River
City: Swift Mo. (No. ..... St. ..... Ward)

Registration District No. 1099
Primary Registration District No. 5868

2. FULL NAME: Jessie Johnson 525

(a) Residence, No. Swift Mo. St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 6 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: Col.
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Mar 15 1932

7. AGE: Years 6 | Months 0 | Days 0 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: School boy
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: 6

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Charlston Mo.

FATHER
13. NAME: Henery Johnson
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Gillison Miss.

MOTHER
15. MAIDEN NAME: WillieBetts
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ponotoc Miss.

17. INFORMANT (ADDRESS): Henery Johnson Swift Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Swift Mo. DATE: 3-18, 1938

19. UNDERTAKER (ADDRESS): Ray Undertaking Co. Hayti Mo.

20. FILED: 4-8, 1938 J. F. Creasy, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Mar. 15 1938

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

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 4 P.m.

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

	Date of onset
Head injuries sustained in A cyclone.	

Other contributory causes of importance:

Name of operation: none Date of:

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? accidental Date of injury 3 15, 1938
Where did injury occur? Swift Mo.
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
home
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify
(Signed) Jack Kelley Coroner
(Address) Hayti Mo.