

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 SEP 9 1938

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

Dr. O'Brien
Do not use this space.

28212

1. PLACE OF DEATH

4 County Anderson
Township Salt River
City Mexico Mo (No. Agricultural)

Registration District No. 26
Primary Registration District No. 3002

File No. _____
Registered No. 116 St. _____ Ward)

2. FULL NAME

(a) Residence, No. 525 _____
(Usual place of abode) Agricultural _____ Ward.

(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 Female 4. COLOR OR RACE negro 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 3 1922

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
16 8 10

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Wife

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) Mexico Mo

13. NAME Howard Hugman

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Clinton Mo

15. MAIDEN NAME Emilia Shelby

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Callaway Co. Mo

17. INFORMANT J. H. Johnson (ADDRESS) Mexico Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Mexico Mo DATE Sept 5 - 1938

19. UNDERTAKER M. E. Phillips (ADDRESS) Mexico Mo

20. FILED Sept 5 1938 Blanche Neely Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 3 1938

22. I HEREBY CERTIFY, That I attended deceased from June 9 1938 to Sept 3 1938. I last saw him alive on Aug 30 1938. Death is said to have occurred on the date stated above, at 6:00 m.

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

Advanced pulmonary tuberculosis with cavity formation

Date of onset Feb 1938

Other contributory causes of importance:

Pneumonia

Name of operation _____ Date of _____
What test confirmed diagnosis? X-ray Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? none Date of injury _____, 19____
Where did injury occur? none (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) Harvey F. O'Brien, M. D.

23 (Address) 111 E. Menne - Mexico

