

REC'D FEB 2 1939

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

3240
Do not use this space.

1. PLACE OF DEATH

(a) County New Madrid 2 Registration District No. 821
(b) Township East Primary Registration District No. 5801
(c) City Sikeston, Mo. (d) Street No. 3 mi So. of city Registered No. _____ St. _____
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

525 Jettie Johnson
(a) Residence, No. Sikeston, Mo. St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M
4. COLOR OR RACE col
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Collie Johnson
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 3, 1893
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 45 3 4
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farm
9. Industry or business in which work was done, as 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) Hazelhurst, Miss.

13. NAME Salman Johnson

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hazelhurst, Miss.

15. MAIDEN NAME Elizabeth Neal

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hazelhurst, Miss.

17. INFORMANT (ADDRESS) Ed. Tice Sikeston, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Sikeston, Mo. DATE Jan 12, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Arden Ellis Sikeston, Mo.

20. FILED 2-4 1939 W. W. [Signature] Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan, 7, 1939

22. I HEREBY CERTIFY, That I attended deceased from 11 - 18, 1938 to 1 - 7, 1939
I last saw him alive on 1 - 7, 1939 Death is said to have occurred on the date stated above, at 8:10 m.
The principal cause of death and related causes of importance were as follows:

Acute Peritonitis
181

Other contributory causes of importance: Chronic Pyelitis - 35

Name of operation _____ 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? _____ 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) Medlin G. Anderson, M. D.
(Address) Sikeston, Mo.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, Jan, T.

or by _____

Registered Apprentice No. _____ working under my personal supervision.

Signed Aidan Ellis

Licensed Embalmer No. 3869

P. O. Address Sik-edon, Va

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.