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 13 1939

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

Do not use this space.

29759

70

1. PLACE OF DEATH

County Montgomery — Registration District No. 589 — File No.

Township ~~Praire~~ Bear Creek — Primary Registration District No. 5787a — Registered No. 19

City ~~Bellflower Mo.~~ (No. ..... St. ..... Ward)

2. FULL NAME 525 Dorothy Ann Johnson.

(a) Residence, No. Bellflower Mo R F D 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. 1 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: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: None

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): July 14 1939

7. AGE — YEARS: — MONTHS: 1 — DAYS: 6 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None
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): St Johns Hospital St Louis Mo.

FATHER

13. NAME: Earl Johnson
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Montgomery Co Mo.

MOTHER

15. MAIDEN NAME: Elizabeth Ann Fanning.
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Lincoln Co. Mo.

17. INFORMANT (ADDRESS): Earl Johnson. Bellflower Mo.

18. BURIAL, ~~CREMATION, OR REMOVAL~~ PLACE Bellflower Mo. DATE Aug 21 1939

19. UNDERTAKER (ADDRESS): Oland A. Jones Bellflower Mo.

20. FILED Aug 21 1939 Mary Lou Keener Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Aug 20 1939

22. I HEREBY CERTIFY, That I attended deceased from Aug 20, 1939, to Aug 20, 1939.

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

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

Status Thymico-lymphaticus

67

Date of onset

Other contributory causes of importance: Born with persistent Thymus.

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical 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? .....

If so, specify .....

(Signed) Jones O. Helm, M. D.

887 (Address) New Florence Mo.