

1929 OCT 19 MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH
 County Cass Registration District No. 156
 Township _____ Primary Registration District No. 4050
 City Marionville (No. _____) St. _____ Ward _____
 2. FULL NAME Infant son of Kenneth & Aleta Johnson
 (a) Residence, No. _____ 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. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

File No. 32117
 Registered No. 48

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE wh 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Stillborn
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Stillborn
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) _____
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
 OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Stillborn
 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) Marionville Mo
 MOTHER 13. NAME Kenneth Johnson
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Marionville MO
 15. MAIDEN NAME Aleta Sloan
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kansas City, Mo
 17. INFORMANT Mother (ADDRESS) _____
 18. BURIAL, CREMATION, OR REMOVAL PLACE Family DATE aug 25, 1929
 19. UNDERTAKER (ADDRESS) _____
 20. FILED Aug 26, 1929 Beckusley Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 25, 1929
 22. I HEREBY CERTIFY, That I attended deceased from Aug 25, 1929, to _____, 19____
 I last saw _____ 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:
Stillborn infant of about 3 mo Date of onset _____
 Other contributory causes of importance:
hemorrhage severe 1 wk prior to above, mother has small pelvic tumor & lac.
 Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ 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) Beckusley, M. D.
 (Address) Marionville

COPIES OF DEATH IN plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

