

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

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

Do not use this space.

OCT 21 1936

34271

**1. PLACE OF DEATH**

County Harrison Registration District No. 349  
Township Clinton Primary Registration District No. 5499  
City Clinton (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. 22-  
Registered No. \_\_\_\_\_

**2. FULL NAME**

Jimma Hale Johnson  
(s) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode)  
Length of residence in city or town where death occurred yrs. mos. 22 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <u>M</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>✓</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Aug 10 - 1914</u>		
7. AGE	YEARS <u>✓</u>	MONTHS <u>✓</u>
	DAYS <u>22</u>	If LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as splanner, sawyer, bookkeeper, etc. <u>✓</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>✓</u>	
	10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____ <u>✓</u>	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Clinton Mo.</u>		
FATHER	13. NAME <u>Lee Johnson</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Harrison County</u>	
	15. MAIDEN NAME <u>Elizabeth Kendrick</u>	
MOTHER	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Steen Co. Mo.</u>	
	17. INFORMANT (ADDRESS) <u>Lee Johnson</u>	
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Engelwood</u> DATE <u>Sept 2, 1936</u>		
19. UNDERTAKER (ADDRESS) <u>Spore &amp; Sons</u>		
20. FILED <u>Sept 6 - 1936</u> <u>Miss. A. A. Id. by</u> <u>(Buch) Registrar</u>		

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept - 1 1936

22. I HEREBY CERTIFY, That I attended deceased from Aug - 30, 1936, to Sept 1, 1936.  
I last saw him alive on Aug 31, 1936 Death is said to have occurred on the date stated above, at 9:10 A.M.  
The principal cause of death and related causes of importance were as follows:  
Marasmus  
Obese - unable to assimilate food.  
Other contributory causes of importance:  
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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) James O. Smith, M. D.  
(Address) Clinton Mo

Date of onset  
8-19-36

