

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

1 PLACE OF DEATH

County Ray
Township Candeur
or
Village
or
City

Registration District No. 739 File No. 48134 481
Primary Registration District No. 4441 Registered No.
(NO. St. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Heather Emmett Johnson

PERSONAL AND STATISTICAL PARTICULARS

3 MEDICAL CERTIFICATE OF DEATH

3 SEX M 4 COLOR OR RACE W 5 SINGLE MARRIED WIDOWED OR DIVORCED (Write the word)
6 DATE OF BIRTH May 1914
(Month) (Day) (Year)
7 AGE 5 yrs. 6 mos. 10 ds. If LESS than 1 day, hrs. or min.?
8 OCCUPATION (a) Trade, profession, or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer)

16 DATE OF DEATH Dec 18, 1918
(Month) (Day) (Year)

17 I HEREBY CERTIFY, that I attended deceased from 12/6 1918 to 12/18 1918
that I last saw him alive on 12/8 1918
and that death occurred, on the date stated above, at 1 a. m.

The CAUSE OF DEATH* was as follows:
Bronchial Pneumonia

109A 10
(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Flu
(Signed) G. S. Jennings M. D.
12/18 1918 (Address) Candeur Mo.

*State the Disease Causing Death, or, in death from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.
18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents)
At place of death yrs. mos. ds. In the State yrs. mos. ds.
Where was disease contracted if not at place of death?
Former or usual residence

9 BIRTHPLACE (City or town, State or foreign country) Candeur Mo.
10 NAME OF FATHER Geo Johnson
11 BIRTHPLACE OF FATHER (City or town, State or foreign country) Mo.
12 MAIDEN NAME OF MOTHER Myrtle Zedler
13 BIRTHPLACE OF MOTHER (City or town, State or foreign country) Mo.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) W. B. Johnson
(Address) Candeur Mo.

15 Filed 12-18 1918 W. W. Burgess Registrar

19 PLACE OF BURIAL OR REMOVAL Candeur Cem DATE OF BURIAL 12-18 1918
20 UNDERTAKER W. W. Burgess ADDRESS Candeur Mo.

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CERTIFICATE OF DEATH**

1 PLACE OF DEATH

County
 Township or Village City
 Registration District No. File No.
 Primary Registration District No. Registered No.
 City (NO St. Ward)
 If death occurred hospital or in health give its NAME in full of street and number

2 FULL NAME

PERSONAL AND STATISTICAL PARTICULARS

3 SEX
 4 COLOR OR RACE
 5 SINGLE MARRIED WIDOWED OR DIVORCED (Write the word)
 6 DATE OF BIRTH (Month) (Day) 1 (Year)
 7 AGE yrs. mos. ds. If LESS than 1 day, hrs. or min.?
 8 OCCUPATION (a) Trade, profession, or particular kind of work
 (b) General nature of industry, business, or establishment in which employed (or employer)

9 BIRTHPLACE (City or town, State or foreign country)
 10 NAME OF FATHER
 11 BIRTHPLACE OF FATHER (City or town, State or foreign country)
 12 MAIDEN NAME OF MOTHER
 13 BIRTHPLACE OF MOTHER (City or town, State or foreign country)

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant)
 (Address)
 15 Filed 191..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (Month) (Day) 191.....

17 I HEREBY CERTIFY, that I attended deceased 191..... to 191..... that I last saw him alive on 191..... and that death occurred, on the date stated above, at
 The CAUSE OF DEATH* was as follows:

CONTRIBUTORY (Secondary) yrs. mos.
 (Signed) (Duration) yrs. mos.
 191..... (Address) M

*State the Disease Causing Death, or, in death from Violent Cause: (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal
 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
 At place of death yrs. mos. ds. In the State yrs. mos.
 Where was disease contracted if not at place of death? Former or usual residence

19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
 20 UNDERTAKER ADDRESS