

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.

38687

1. PLACE OF DEATH

County Ray
Township Richmond
City Richmond (No.)

Registration District No. 744
Primary Registration District No. 3035

File No.
Registered No. 88-89
St. Ward)

2. FULL NAME Mary Jane 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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 4-1924
7. AGE 7 YEARS MONTHS 9 DAYS 22 If LESS than 1 day, hrs. or min.

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) Richmond (STATE OR COUNTRY) Mo.

MOTHER 13. NAME Brack Johnson

14. BIRTHPLACE (CITY OR TOWN) Carrollton (STATE OR COUNTRY) Mo.

15. MAIDEN NAME Rosa Denning

16. BIRTHPLACE (CITY OR TOWN) Richmond (STATE OR COUNTRY) Mo.

17. INFORMANT Brack Johnson (ADDRESS) Richmond Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Sunyslope DATE Nov 29 1931

19. UNDERTAKER E. Korman (ADDRESS) Highway 6 Mo.

20. FILED 11-29-31 B. B. Jay Registrar.

1 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 28, 1931

22. I HEREBY CERTIFY, That I attended deceased from 19....., to 19.....
I last saw h. alive on 19..... Death is said to have occurred on the date stated above, at 7:30 a.m.
The principal cause of death and related causes of importance were as follows:

Diphtheria
10
Other contributory causes of importance: 18
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? No
If so, specify
(Signed) B. B. Jay M. D.
(Address) Richmond Mo.

