

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

Do not use this space.

30143

1. PLACE OF DEATH

County Clay Registration District No. 743 File No. _____
 Township Quincy Primary Registration District No. 5978 Registered No. 31
 City Quincy, Mo. (No. _____) St. _____ Ward _____

2. FULL NAME

Maria May 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 F. 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR
 DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED
 HUSBAND OF _____
 (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 4 1918

7. AGE YEARS MONTHS DAYS If LESS than 1
14 4 26 day, _____ hrs.
 or _____ min.

OCCUPATION 8. Trade, profession, or particular
 kind of work done, as spinner,
 sawyer, bookkeeper, etc. _____
 9. Industry or business in which
 work was done, as silk mill,
 saw mill, bank, etc. Shoat girl
 10. Date deceased last worked at
 this occupation (month and
 year) _____ 11. Total time (years)
 spent in this
 occupation _____

12. BIRTHPLACE (CITY OR TOWN) Holt, Mo.
 (STATE OR COUNTRY) Kansas

MOTHER FATHER 13. NAME P. G. Johnson

14. BIRTHPLACE (CITY OR TOWN) Kansas
 (STATE OR COUNTRY)

15. MAIDEN NAME Maria Hannah

16. BIRTHPLACE (CITY OR TOWN) Kans
 (STATE OR COUNTRY)

17. INFORMANT Mrs. Juneta Johnson
 (ADDRESS) 27019 49th K.C. Kans

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Soldier, Kans DATE 9/9/32

19. UNDERTAKER C. M. Goiner
 (ADDRESS) Quincy, Mo

20. FILED Sept 15, 1932 L. E. Ellis
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 14 1932

22. I HEREBY CERTIFY That I attended deceased from
 _____, 19____, to Sept 14, 1932

I last saw him/her alive on _____, 19____. Death is said
 to have occurred on the date stated above, at 4 P. m.

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

accidental drowning Date of onset Sept 14 1932
drowned in Missouri River
Near Fairfax Airport K.C. Kansas
Found near Sibley Bridge Ray Co.
Mo. by William Hannak Sept 18 1932

Other contributory causes of importance:

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? Accidental Date of injury Sept 14, 1932

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 Drowning
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No
 If so, specify _____

(Signed) W. G. Gainer Coroner, M. D.
 (Address) Rayville, Mo.

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.

OCT 28 1932

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**MISSOURI STATE BOARD OF HEALTH
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CERTIFICATE OF DEATH**

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Ray Registration District No. 743 File No. _____
 Township Orwick Primary Registration District No. 5978 Registered No. 81
 City _____ (No. _____) St. _____ Ward _____

2. FULL NAME

Maxina May 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 F. 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) S.

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

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. _____
 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) _____

FATHER 13. NAME _____

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____

MOTHER 15. MAIDEN NAME _____

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____

17. INFORMANT (ADDRESS) _____

18. BURIAL, CREMATION, OR REMOVAL PLACE _____ DATE _____ 19.

19. UNDERTAKER (ADDRESS) _____

20. FILED Nov 16 1932 J. E. Collins Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 14 1932

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 _____ m.

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

accidental drowning in Missouri River Date of onset _____
press reported there were no boat involved was in wedding with a young man his body was recovered at the place of drowning. 177

Name of operation 183 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? accident 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 drowning
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
 If so, specify _____

(Signed) _____, M. D.

(Address) _____

SUPPLEMENTARY

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. REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW.

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