

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

Do not use this space.

1. PLACE OF DEATH

County Barry Registration District No. 99 File No. 73
 Township Jenkins Primary Registration District No. 5048 Registered No. 4
 City (No. _____) St. _____ Ward _____

2. FULL NAME Melvina 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) widowed
 5A. ~~MARRIED, WIDOWED, OR DIVORCED~~ Marome Johnson
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 25 - 1858
 7. AGE YEARS 74 MONTHS _____ DAYS 13 If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at home
 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) Near Jenkins Mo

MOTHER 13. NAME Marion Beard

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) don't know

15. MAIDEN NAME don't know

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

17. INFORMANT Mrs Frank Stubblefield

(ADDRESS) Jenkins, Mo.

18. BURIAL OR CREMATION PLACE Stubblefield Cemetery DATE Jan. 9 1934

19. UNDERTAKER W. D. Rogers

(ADDRESS) Cassville, Mo

20. FILED 4-30 1934 Geo. W. Newman Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 8 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan. 5, 1934, to Jan. 8, 1934
 I last saw him alive on Jan. 8, 1934 Death is said to have occurred on the date stated above, at 7 P.m.

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

Lobar Pneumonia Date of onset 1/2/34
1000
1040
 Other contributory causes of importance: acute pyemia.

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) Ed Melvina Johnson

(Address) Cassville, Mo

