

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

Do not use this space.

19917

1. PLACE OF DEATH

County Cooper
Township Boonville
City Boonville (No.)

Registration District No. 218
Primary Registration District No. 3015

File No. 78
Registered No.
St. Ward)

2. FULL NAME

(a) Residence, No. 220 W. Spring St., Ward.
(Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Single (write the word)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 11-1922

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
12 3 22

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School Girl

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) Woodbridge Mo

13. NAME Ollie Johnson

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

15. MAIDEN NAME Ethel Olson

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

17. INFORMANT (ADDRESS) Ollie Johnson

18. BURIAL, CREMATION, OR REMOVAL PLACE Kapp Cem DATE June 3, 1934

19. UNDERTAKER (ADDRESS) Woodman & Hallett

20. FILED 6/2 1934 Boonville Mo Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 2nd 1934

22. I HEREBY CERTIFY That I attended deceased from Aug. 15, 1929, to June 2, 1934

I last saw h^e alive on May 29, 1934. Death is said to have occurred on the date stated above, at 1:30 A.M.

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

Cerebro-spinal syphilis, congenital Date of onset 3-4-30

Other contributory causes of importance: Pertussis 5-15-34

Name of operation None Date of

What test confirmed diagnosis? Kahn 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) W. Stone, M. D.
(Address) Boonville, 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.

JUN 20 1934

