

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.

28866

1. PLACE OF DEATH

County Montana
Township California
City California (No.)

Registration District No. 571
Primary Registration District No. 4325

File No.
Registered No. 41
St. Ward)

2. FULL NAME

(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 negro 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

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

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
About 45 yrs.

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

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) Cooper co.

13. NAME John Robinson

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cooper co.

15. MAIDEN NAME Helia Williams

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cooper co.

17. INFORMANT Mrs. Hattie Johnson
(ADDRESS) Montana mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE City Cemetery DATE 8-31 1931

19. UNDERTAKER L. B. Hardiman
(ADDRESS) Jefferson City mo.

20. FILED Aug 31, 1931 Jack Rath
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8-30-1931

22. I HEREBY CERTIFY, That I attended deceased from 8-18-1931, to 8-30-1931

I last saw her alive on 8-30-1931 Death is said to have occurred on the date stated above, at 10 m.

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

Ulcerated Stomach Date of onset

117A 117A

Other contributory causes of importance:

Name of operation none 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?

If so, specify

(Signed) H. B. Johnson, M. D.

(Address) California mo.

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