

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.

19 1937

1. PLACE OF DEATH

County St. Francois
Township Port
City Bonne Terre (No. 13)

Registration District No. 775
Primary Registration District No. 6020-A

File No. 2877
Registered No. 13
St. _____ Ward _____

2. FULL NAME

Frances Sarah 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 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) July 22, 1858

7. AGE	YEARS	MONTHS	Days	If LESS than 1 day, hrs. or min.
	<u>79</u>	<u>6</u>	<u>12</u>	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 230
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. House work
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) New Hampshire

MOTHER FATHER 13. NAME David Johnson

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

15. MAIDEN NAME Sarah Presby

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

17. INFORMANT (ADDRESS) Jessie Wadside

18. BURIAL, CREMATION, OR REMOVAL PLACE Bonne Terre DATE Feb 2 1937

19. UNDERTAKER (ADDRESS) W. H. Dayer

20. FILED Feb 1 1937 N. W. Hawkins Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan, 31 1937

22. I HEREBY CERTIFY That I attended deceased from Jan. 30, 1937, to Jan. 31, 1937
I last saw her alive on Jan. 31, 1937. Death is said to have occurred on the date stated above, at 11:00 p. m.

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

Chronic myocarditis with cardiac collapse. Date of onset _____

Other contributory causes of importance: Influenza 930 1/28/37

Name of operation none Date of _____
What test confirmed diagnosis? Physical 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) Harry M. Roebber, M. D.
(Address) Bonne Terre, Mo.

