

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

Do not use this space.

11206

1. PLACE OF DEATH

97

County Saline
Township Clay
City Saline

Registration District No. 799
Primary Registration District No. 100.4133

File No. _____
Registered No. 9
St. _____ Ward _____

2. FULL NAME

Charity Belle 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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Dec 23-1862</u>		
7. AGE	YEARS <u>69</u>	MONTHS <u>2</u>
	DAYS <u>21</u>	If LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>House wife</u>	11. Total time (years) spent in this occupation _____
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>255</u>	
	10. Date deceased last worked at this occupation (month and year) _____	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Saline Co Mo</u>		
FATHER	13. NAME <u>Joseph Johnson</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Saline Co Mo</u>	
MOTHER	15. MAIDEN NAME <u>Stella Eubank</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Saline Co Mo</u>	
17. INFORMANT <u>Isaac W. Johnson</u> (ADDRESS) <u>Saline Mo #1</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Dunbar Cemetery 3-16-32</u> <u>near Saline Mo</u>		
19. UNDERTAKER <u>Jones State</u> (ADDRESS) <u>Saline Mo</u>		
20. FILED <u>March 15, 1932</u> <u>W. M. Tuttle</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from Jan. 6, 1932, to Mar. 14, 1932
I last saw her alive on Mar. 13, 1932 Death is said to have occurred on the date stated above, at 4:20 P.M.

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

Other contributory causes of importance:
126
1206

9. Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? 1

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 no
(Signed) W. M. Tuttle, M. D.
(Address) Saline Mo.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

APR 30 1932

