

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

PLACE OF DEATH

County Laclede
Township Franklin
or
Village _____
or
City _____ (NO. _____ St.: _____ Ward)

Registration District No. 952 File No. 20 38320
Primary Registration District No. 5617 Registered No. _____

[If death occurred in a hospital or institution, give its NAME instead of street and number]

FULL NAME Opal D. Johnson

PERSONAL AND STATISTICAL PARTICULARS

SEX <u>Female</u>	COLOR OR RACE <u>white</u>	SINGLE MARRIED WIDOWED OR DIVORCED (Write the word)
----------------------	-------------------------------	--

DATE OF BIRTH _____
8 (Month) 22 (Day), 1911 (Year)

AGE _____ yrs. 2 mos. 11 ds.
IF LESS than 1 day, ___ hrs. or ___ min.?

OCCUPATION
(a) Trade, profession, or particular kind of work _____
(b) General nature of industry, business, or establishment in which employed (or employer) _____

BIRTHPLACE
(City or town, State or foreign country) MO

PARENTS	NAME OF FATHER <u>William H. Johnson</u>
	BIRTHPLACE OF FATHER (City or town, State or foreign country) <u>MO</u>
	MAIDEN NAME OF MOTHER <u>Elizabeth M. Smith</u>
	BIRTHPLACE OF MOTHER (City or town, State or foreign country) <u>MO</u>

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) E. Smith
(ADDRESS) Orla, Mo

Filed 11 3 1911 J. Linsley REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH _____
11 (Month) 3 (Day), 1911 (Year)

I HEREBY CERTIFY, that I attended deceased from _____, 191____, to _____, 191____, that I last saw h_____ alive on _____, 191____, and that death occurred, on the date stated above, at _____ m. The CAUSE OF DEATH* was as follows:

Unknown.
Found Dead in bed
202 B
_____ (Duration) _____ yrs. _____ mos. _____ ds.

Contributory (SECONDARY) _____ (Duration) _____ yrs. _____ mos. _____ ds.
(Signed) J. Linsley M. D.
11 3 1911 (Address) Orla, Mo

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
At place of death _____ yrs. _____ mos. _____ ds. In the State _____ yrs. _____ mos. _____ ds.
Where was disease contracted if not at place of death? _____
Former or usual residence _____

PLACE OF BURIAL OR REMOVAL <u>Holman, Court</u>	DATE OF BURIAL <u>11 4</u> 19 <u>11</u>
UNDERTAKER <u>Jos. Lowman &</u>	ADDRESS <u>Orla</u>

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

