- 26 1928

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

Do not use this space.

21372

1. PLACE OF DEATH

County Newton — Registration District No. 609 — File No. 58

Township — Primary Registration District No. 4363 — Registered No.

City Neosho (No. ..... St. ..... Ward)

2. FULL NAME Della May Johnson

(a) Residence. No. W. Adams St., 3 Ward. Neosho, Mo.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 1 yrs. 10 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: White
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): Mar-2-1916

7. AGE

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

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: School girl
(b) General nature of industry, business, or establishment in which employed (or employer): ✓
(c) Name of employer: ✓

9. BIRTHPLACE (CITY OR TOWN): Berryville
(STATE OR COUNTRY): Carroll Co. Ark.

PARENTS

10. NAME OF FATHER: Thos Denis Johnson
11. BIRTHPLACE OF FATHER (CITY OR TOWN): Berryville
(STATE OR COUNTRY): Carroll Co. Ark
12. MAIDEN NAME OF MOTHER: Ora Lee Cannon
13. BIRTHPLACE OF MOTHER (CITY OR TOWN): Fr Smith
(STATE OR COUNTRY): Ark

14. INFORMANT: C. E. Johnson
(Address): Neosho, Mo.

15. FILED 7-1, 1928 C. E. Maness, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

3

16. DATE OF DEATH (MONTH, DAY AND YEAR): June 14 1928

17. I HEREBY CERTIFY, That I attended deceased from May 19, 1928, to June 14, 1928, that I last saw her alive on June 14, 1928, and that death occurred, on the date stated above, at 2-8-PM

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Typhoid fever followed by perforation of bowel and collapse
(duration) ..... yrs. ..... mos. 30 ds.

CONTRIBUTORY (SECONDARY)
(duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH?

DID AN OPERATION PRECEDE DEATH? ..... DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) Tim Roseberry Mt. M. D.
June 14, 1928 (Address) Neosho, Mo.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, ~~CREMATION, OR REMOVAL~~: Gibson Cemetery — DATE OF BURIAL: June 15 1928

20. UNDERTAKER: Dan Garrison — ADDRESS: Neosho, 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.