JAN 23 1929

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

Do not use this space.

40341

1. PLACE OF DEATH

County Henry Registration District No. 14

Township Primary Registration District No. 4211

City Windsor (No. St. Ward)

File No.

Registered No. 42

2. FULL NAME Mrs Luella Loding 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Female	White	Widowed

5a. If Married, Widowed, or Divorced HUSBAND of (or) WIFE of Widowed

6. DATE OF BIRTH (month, day and year) 3/14/1856

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
72	9	8	

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

9. BIRTHPLACE (city or town) Moline
(State or country) Illinois

PARENTS

10. NAME OF FATHER Joseph Smith

11. BIRTHPLACE OF FATHER (city or town) Unknown
(State or country)

12. MAIDEN NAME OF MOTHER Katherine Fohlmer

13. BIRTHPLACE OF MOTHER (city or town) Unknown
(State or country)

14. Informant Harvey C Loding.
(Address) Windsor, Mo.

15. Filed Dec 26 1928 [signature] Registrar

2 **MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (month, day and year) Dec 22, 1928

17. I HEREBY CERTIFY, That I attended deceased from Nov 3, 1928, to Dec 22, 1928, that I last saw h... alive on Dec 22, 1928, and that death occurred, on the date stated above, at 9:45 P.m.

The CAUSE OF DEATH* was as follows:
Cerebral hemorrhage
R side
(duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary) Hypertension
(duration) 1 yrs. mos. ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis? Clinical
(Signed) [signature], M.D.
Dec 24, 1928 (Address) Windsor

*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 Calhoun, Mo.
DATE OF BURIAL Dec 26 1928

20. UNDERTAKER J. B. Stacker
ADDRESS Windsor

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.