

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

Do not use this space.

20541

1. PLACE OF BIRTH
 15 County Boone Registration District No. 73
 6 Township Columbia Primary Registration District No. 3006
 City Columbia (No. _____) St. _____ Ward _____

2. FULL NAME Caroline Sophia Johnson,
 (a) Residence Gordon Hotel apt. 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

MEDICAL CERTIFICATE OF DEATH

3. SEX Female
 4. COLOR OR RACE White
 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) widow

16. DATE OF DEATH (MONTH, DAY AND YEAR) 6-18 1931,

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

17. I HEREBY CERTIFY, That I attended deceased from _____, 1931, to 6-18, 1931, that I last saw her alive on June 18, 1931, and that death occurred, on the date stated above, at _____ m.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 1-4-1854

THE CAUSE OF DEATH* WAS AS FOLLOWS:
bowen of stomach
Primary
46 1/2 (duration) yrs. mos. ds.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
77 5 14

CONTRIBUTORY (SECONDARY) Not known (duration) yrs. mos. ds.

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

18. WHERE WAS DISEASE CONTRACTED _____

9. BIRTHPLACE (CITY OR TOWN) Puskaka Co.
 (STATE OR COUNTRY) Sweden

IF NOT AT PLACE OF DEATH _____

10. NAME OF FATHER Sodergren

DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____
 WAS THERE AN AUTOPSY? No

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Puskaka Co Sweden
 (STATE OR COUNTRY) _____

WHAT TEST CONFIRMED DIAGNOSIS
 (Signed) Stephen D. Smith, M.D.
6/19 1931 (Address) Columbia Mo

12. MAIDEN NAME OF MOTHER Edmond

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Puskaka Co Sweden
 (STATE OR COUNTRY) _____

*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.

14. INFORMANT Mildred E. Johnson
 (Address) Gordon Hotel, Columbia Mo.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL
Crawfordsville Cemetery 6-21 1931

15. FILED 6/19/31 F. C. Suggett
 by Selby REGISTRAR

20. UNDERTAKER ADDRESS
B. F. Baker Columbia Mo

JUL 22 1931

N. B.—Every item of information furnished on this certificate is subject to verification. Exact statement of OCCUPATION is very important. CAUSE OF DEATH in plain terms, so that it may be properly classified.

10/10/10

10/10/10