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

APR 27 1932

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

Do not use this space.

1. PLACE OF DEATH
53 County Laclede — Registration District No. 449 — File No. 9012
2 Township — Primary Registration District No. 4267 — Registered No. 1724
6 City Lebanon (No. ..... St. ..... Ward)

2. FULL NAME Lottie Emma Johnson

(a) Residence, No. ..... St., ... Ward. ..... (If nonresident, give city or town and State)
(Usual place of abode)
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 F
4. COLOR OR RACE W
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) Feb 21-1917

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
15	1	9	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lebanon Mo. 1

FATHER
13. NAME Chas D. Johnson
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lebanon Mo. 0

MOTHER
15. MAIDEN NAME Lotta Barrows
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lebanon Mo.

17. INFORMANT (ADDRESS) F. J. Johnson Lebanon Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Lebanon Mo. DATE 4-1-1932

19. UNDERTAKER (ADDRESS) Palmer Lebanon Mo.

20. FILED 3/31, 1932 J. M. Bellity Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar. 30, 1932

22. I HEREBY CERTIFY, That I attended deceased from Feby 1, 1932, to Mar. 30, 1932
I last saw her alive on Mar 30, 1932 Death is said to have occurred on the date stated above, at 1.07 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Inflamatory Rheumatism	
Endocarditis + Embolus	
56E	
91B	
99A	

9210 (1)

Other contributory causes of importance:
Inflamatory Rheumatism

Name of operation no Date of
What test confirmed diagnosis? Physical Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? no Date of injury no, 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? No
If so, specify
(Signed) J. L. Berage, M. D.
(Address) Lebanon, Mo