

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

Do not use this space.

9173
3
File No. _____
Registered No. 31

1. PLACE OF DEATH
 County McDonald Registration District No. 1149
 60 Township Fairville Primary Registration District No. 5698
 City _____ (No. _____) St. _____ Ward _____

2. FULL NAME Emilla Johnson
 (a) Residence. No. _____ St. _____ Ward _____
 (Usual place of abode)
 Length of residence in city or town where death occurred 33 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb 27 1886

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.
76 0 19

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

9. BIRTHPLACE (CITY OR TOWN) _____ (STATE OR COUNTRY) Illinois 2

10. NAME OF FATHER James Badgley

11. BIRTHPLACE OF FATHER (CITY OR TOWN) _____ (STATE OR COUNTRY) Ohio

12. MAIDEN NAME OF MOTHER Sarah Curtis

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) _____ (STATE OR COUNTRY) Illinois

14. INFORMANT Sadie Isom (Address) _____

15. FILED 4-4-32 Lel Carnell REGISTRAR

MEDICAL CERTIFICATE OF DEATH

2
 16. DATE OF DEATH (MONTH, DAY AND YEAR) March 16 1932
 17. I HEREBY CERTIFY, That I attended deceased from on the 15 day, 1932, to _____, 19____, that I last saw her alive on March 15, 1932, and that death occurred, on the date stated above, at _____ 3 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Apoplexy
82A
97
 (duration) _____ yrs. mos. 6 ds.

CONTRIBUTORY (SECONDARY) Arteriosclerosis
 (duration) 25 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED _____
 IF NOT AT PLACE OF DEATH 1
 9 DID AN OPERATION PRECEDE DEATH? DATE OF _____
 WAS THERE AN AUTOPSY?
 WHAT TEST CONFIRMED DIAGNOSIS Physical
 (Signed) J. L. Minton, M. D.
 , 19 32 (Address) Naal 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 Mount Hope DATE OF BURIAL March 17 1932
 20. UNDERTAKER Lou Leonard ADDRESS Naal Mo

N. B.—Every item of information should be carefully supplied. AGE should be stated. Exact statement of OCCUPATION is very important. CAUSE OF DEATH in plain terms, so that it may be properly classified.

APR 27 1932

