WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

MAY 23 1932

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

11739

1. PLACE OF DEATH
County Bucanhan — Registration District No. 85 — File No.
Township — Primary Registration District No. 1001 — Registered No. 420
City St. Joseph (No. State Hospital #2 St. Ward)

2. FULL NAME Betty Johnson
(a) Residence. No. St. Joseph Missouri St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 1 yrs. Plus 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: colored
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Widow
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: James Johnson
6. DATE OF BIRTH (MONTH, DAY AND YEAR): 1882 about
7. AGE: 50 YEARS — MONTHS: ? Unknown — DAYS: ? — If LESS than 1 day, hrs. or min.
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer): Employed by different families
(c) Name of employer
9. BIRTHPLACE (CITY OR TOWN): Not Known
(STATE OR COUNTRY): Not Known 31

PARENTS
10. NAME OF FATHER: Larry Lock
11. BIRTHPLACE OF FATHER (CITY OR TOWN): unknown
(STATE OR COUNTRY): unknown
12. MAIDEN NAME OF MOTHER: unknown
13. BIRTHPLACE OF MOTHER (CITY OR TOWN): unknown
(STATE OR COUNTRY): unknown

14. INFORMANT: Hospital Records
(Address): State Hosp. #2 St. Joseph Mo.
15. FILED APR 28 1932 — John L. Bender REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): April 26 1932
17. I HEREBY CERTIFY, That I attended deceased from Feb. 13, 1932, to April 26, 1932 that I last saw her alive on April 26, 1932, and that death occurred, on the date stated above, at 2:35 P m.
THE CAUSE OF DEATH* WAS AS FOLLOWS:
General Paralysis of Insane
83
(duration) yrs. 2 Plus mos. ds.
CONTRIBUTORY (SECONDARY): None
(1) (duration) yrs. mos. ds.
18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH: St. Joseph Missouri
DID AN OPERATION PRECEDE DEATH? no DATE OF
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Clinical Findings
(Signed) George W. Forman, M. D.
April 26, 1932 (Address) State Hosp. #2 St. Joseph 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: Ashland Cemetery — DATE OF BURIAL: April 28/1932
20. UNDERTAKER: Ramsey Funeral Service — ADDRESS: 9th & Olive Sts.