

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

Do not use this space.

13522

**1. PLACE OF DEATH**

82. County Pike  
Township Columb  
City Paysonville (No. .... St. .... Ward)

Registration District No. 681  
Primary Registration District No. 5909A

File No. ....  
Registered No. ....

**2. FULL NAME**

(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 Female 4. COLOR OR RACE Black 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 15 1913

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
18 8 12

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

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) Paysonville Mo

13. NAME Nelson Johnson

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pike Co Mo

15. MAIDEN NAME Goldie Richard

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pike Co Mo

17. INFORMANT Nelson Johnson (ADDRESS) Paysonville Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE Payson DATE 4-29

19. UNDERTAKER L. H. Brown (ADDRESS) Clarksville

20. FILED 4-28, 1932 H. A. Henderson Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 27 1932

22. I HEREBY CERTIFY, That I attended deceased from March 10 to 1932 to April 27 1932

I last saw her alive on Apr 26th 1932 Death is said

to have occurred on the date stated above, at 3:15 P.m.

The principal cause of death and related causes of importance were as follows:

Ischaemic of the large Date of onset

2.3 A  
25

Other contributory causes of importance:

Appendicitis (chronic)

Name of operation Date of

What test confirmed diagnosis? Phys Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Date of injury

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? If so, specify

(Signed) Robert J. Gray, M. D.

(Address) Paysonville, Mo.

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 26 1932

18  
Red

