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.

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

Do not use this space.

17201

1. PLACE OF DEATH
42 County St Charles — Registration District No. 757 — File No.
4 Township — Primary Registration District No. 3036 — Registered No. 86
City St Charles (No. 1521, Clay St. Ward)

2. FULL NAME Mrs. Susie Johnson
(a) Residence, No. St Charles Mo. St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 4 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: white
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED ~~HUSBAND OF~~ (OR) WIFE OF Chas. Johnson deceased

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 22, 1855

7. AGE: YEARS 77 — MONTHS 2 — DAYS 3 — If LESS than 1 day, X hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework
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) St. Charles Co. Mo.

FATHER
13. NAME Jacob Miller
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia

MOTHER
15. MAIDEN NAME Gill
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

17. INFORMANT (ADDRESS) Mrs. Dr. J. Emonts St Charles Mo

18. BURIAL, ~~CREMATION, OR REMOVAL~~ PLACE Mt Zion Cem Fallon Mo DATE 5/27 1932

19. UNDERTAKER (ADDRESS) E A Keithly Fallon Mo.

20. FILED 5/27 1932 Hy G Bloebaum Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 25, 1932

22. I HEREBY CERTIFY, That I attended deceased from May 20, 1932, to May 22nd, 1932
I last saw her alive on May 22, 1932 Death is said to have occurred on the date stated above at 2:30 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Broken Compensative	10 days
958	
97	

Other contributory causes of importance:
Gen Art Sclerosis 5 yrs

Name of operation None Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury, 19
Where did injury occur? No (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) A Erich Schulz, M. D.
(Address) St Charles Mo