

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.

AGI 25 1932

22367^a MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

22367^a

1. PLACE OF DEATH
 County Crawford Registration District No. 229
 Township Badue Primary Registration District No. 5211
 City _____ (No. _____) St. _____ Ward _____

2. FULL NAME Cornelia Johnson
 (a) Residence, No. _____ St. _____ Ward _____
 (Usual place of abode)
 Length of residence in city or town where death occurred yrs. mos. 14 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

File No. _____
 Registered No. _____

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Female
 4. COLOR OR RACE white
 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF John Johnson
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 22, 1860
 7. AGE YEARS 71 MONTHS 8 DAYS 6 If LESS than 1 day, _____ hrs. or _____ min.
 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) Franklin County Mo
 13. NAME Ruby Dixon
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Franklin County Mo
 15. MAIDEN NAME Louise Johnson
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Franklin County Mo
 17. INFORMANT (ADDRESS) Mrs Mary Schellech Garrison Mo
 18. BURIAL, CREMATION, OR REMOVAL PLACE Crowley cemetery DATE July 30, 1932
 19. UNDERTAKER (ADDRESS) Thos P. Shaffer Sullivan Mo
 20. FILED 6410 1932 Edwarda Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 28, 1932
 22. I HEREBY CERTIFY, that I attended deceased from July 27, 1932 to July 28, 1932
 I last saw h. n alive on July 27, 1932. Death is said to have occurred on the date stated above, at 10 A.m.
 The principal cause of death and related causes of importance were as follows:
Pernicious Easemia
rupture of stomach
 Other contributory causes of importance: chronic
rupture of stomach
 Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ 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 _____, 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? _____
 If so, specify _____
 (Signed) J. A. W. Longigan, M. D.
 (Address) Sullivan Mo

