

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

Do not use this space.

28699

1. PLACE OF DEATH

17 County Carroll
3 Township
4 City Carrollton (No.)

Registration District No. 133-
Primary Registration District No. 3010

File No.
Registered No. 48
St. Ward)

2. FULL NAME

Virginia May Johnson

(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 Fe. 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Walter Johnson
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 5-5-1900
7. AGE YEARS 32 MONTHS 3 DAYS 27 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 235
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) Keytesville Mo.

FATHER 13. NAME J. W. Fendley

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

MOTHER 15. MAIDEN NAME Ada Cox

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

17. INFORMANT (ADDRESS) Walter Johnson
Carrollton, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Harden, Mo. DATE 9-4 19.

19. UNDERTAKER (ADDRESS) Stanley
Carrollton, Mo.

20. FILED 9-4 1932 Mrs. E. E. Farham (Address) Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 3, 1932

22. I HEREBY CERTIFY, That I attended deceased from Aug 25 1932 to Sept 3 1932
I last saw him alive on Sept 3 1932 Death is said to have occurred on the date stated above, at 3:40 A.M.
The principal cause of death and related causes of importance were as follows:

Purpura Septicemia
145A 145A
Other contributory causes of importance: ①

Name of operation Cremation 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? (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) [Signature] M. D.
[Signature]

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.

OCT 25 1932

WHITE PLAIN, WITH IMPROVING INSTRUMENTS IS A PERMANENT RECORD

AUG 21 1949