

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

Do not use this space.

31863

1. PLACE OF DEATH

35 County Stuebelius Registration District No. 282
Township _____ Primary Registration District No. 4166
2 City Campbell (No. _____) St. _____ Ward _____

File No. _____
Registered No. 46

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 <u>Female</u>	4. COLOR OR RACE <u>W.</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widow</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Oct 14 - 1862</u>				
7. AGE YEARS <u>70</u>	MONTHS <u>-</u>	DAYS <u>16</u>	If LESS than 1 day, _____ hrs. or _____ min.	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Home Keeping</u>			
	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) <u>Ill. ?</u>				
FATHER	13. NAME <u>W. M. Johnson</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ill.</u>			
MOTHER	15. MAIDEN NAME <u>Margaret Brown</u>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ill.</u>			
17. INFORMANT <u>Hazary Wash</u> (ADDRESS) <u>Campbell</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Woodlawn</u> DATE <u>10/31</u> 19 <u>32</u>				
19. UNDERTAKER <u>C. W. Sanders</u> (ADDRESS) <u>No Service</u>				
20. FILED <u>Oct 30</u> 19 <u>32</u> <u>Benjamin D. Foley</u> Registrar				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 30 1932

22. I HEREBY CERTIFY, That I attended deceased from Oct 1 1932, to Oct 30 1932
I last saw her alive on Oct 26 1932 Death is said to have occurred on the date stated above, at 119 m.
The principal cause of death and related causes of importance were as follows:
Illeg Colicities Date of onset _____

Other contributory causes of importance:
120

Name of operation _____ 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 of injury in any way related to occupation of deceased? _____
If so, specify John L. Brown M. D.
(Signed) _____ (Address) Campbell 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.

NOV 23 1932

