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

Do not use this space.

File No. 39409

Registered No. 106

1. PLACE OF DEATH
County Henry Registration District No. 347
Township Mixed Oak Primary Registration District No. 5495
City Urich (No. ..... St. ..... Ward)

2. FULL NAME Mary Elizabeth 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 33 yrs. ... mos. ... ds. How long in U. S., if of foreign birth? 61 yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Female	White	Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 14th 1871

7. AGE — YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
61	4	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farm Housekeeping
10. Date deceased last worked at this occupation (month and year) Left to Live of South
11. Total time (years) spent in this occupation 43 yrs

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dayton, Lewis County Missouri

FATHER

13. NAME Prior M Johnson
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tennessee

MOTHER

15. MAIDEN NAME Sarah Jayne Vaughn
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois

17. INFORMANT Norma Johnson (ADDRESS) Urich Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Pete Creek Cem DATE Dec 6th 1932

19. UNDERTAKER W. G. Smith (ADDRESS) Urich Mo

20. FILED 12/9 1932 Ed C. Teelon Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 5th 1932

22. I HEREBY CERTIFY, That I attended deceased from Nov 12th 1932 to Dec 5 1932
I last saw her alive on Dec 5th 1932 Death is said to have occurred on the date stated above, at 12:00 m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
(1) Pulmonary Tuberculosis	5 yrs
23A	
92A Dementia	2 mos
24	
Other contributory causes of importance:	
(1) Valvular Insufficiency	10 days

Name of operation none Date of .....
What test confirmed diagnosis? Autopsy 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? no
If so, specify —

(Signed) J. S. McDonald, M. D.
(Address) Urich Mo

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD