

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

Do not use this space.

13013

1. PLACE OF DEATH

County Greene Registration District No. 318
 Township Springfield Primary Registration District No. 5+39
 City Springfield (No. R.P.# 6) St. _____ Ward _____

File No. _____
 Registered No. 328
 St. _____ Ward _____

2. FULL NAME

(a) Residence, No. Springfield R.P.# 6 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>F</u>	4. COLOR OR RACE <u>wh</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Single</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Feb 17 1853</u>		
7. AGE YEARS <u>80</u>	MONTHS <u>1</u>	DAYS <u>28</u>
IF LESS than 1 day, _____ hrs. or _____ min.		
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>"</u>		
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)
Terre Haute, Ind.

13. NAME
John A Johnson

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
Terre Haute, Ind.

15. MAIDEN NAME
Nancy Ferguson

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
Terre Haute, Ind.

17. INFORMANT (ADDRESS)
Mrs. Frances Miller, R.P.# 6

18. BURIAL, CREMATION, OR REMOVAL PLACE
Brick Church, Apr. 17, 1933

19. UNDERTAKER (ADDRESS)
Anna Ferguson, 414 N. 3rd St. St. Louis

20. FILED 4-17-1933 Ralph W. Smith, Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 15, 1933

22. I HEREBY CERTIFY, That I attended deceased from April 7, 1933 to April 15, 1933

I last saw him alive on April 13, 1933 Death is said to have occurred on the date stated above, at 1:10 P.M.

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage
Arterio Sclerosis
Myocardial Infarction
 Date of onset 4/7/33

Other contributory causes of importance:
Arterio Sclerosis and Myocardial Infarction

Name of operation _____ Date of _____

What test confirmed diagnosis? Clinical 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) H. P. Patterson, M. D.
 (Address) Springfield, 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.

MAY 22 1933

