

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

Do not use this space.

22250-7
G
Registered No. 39
St. _____ Ward)

1. PLACE OF DEATH

5 County Barry
Township Municipal
City Cassville Mo.

Registration District No. 29
Primary Registration District No. 5039

2. FULL NAME

Elizabeth Johnson

(a) Residence, No. _____ St. _____ Ward. _____
(Usual place of abode)
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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>John Johnson</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Dec 31st 1858</u>		
7. AGE	YEARS <u>74</u>	MONTHS <u>6</u>
	DAYS <u>2</u>	If LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	
	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>Iowa</u> <u>Newport</u>		
MOTHER FATHER	13. NAME <u>Lydia Morgan</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)	
	15. MAIDEN NAME	
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)		
17. INFORMANT (ADDRESS) <u>John Johnson</u> <u>Cassville, Mo.</u>		
18. BURIAL (CREMATION, OR REMOVAL) PLACE <u>Cassville Cemetery</u> DATE <u>July 4th 1933</u>		
19. UNDERTAKER (ADDRESS) <u>Horne & Culver</u>		
20. FILED <u>Oct 1</u> 19 <u>33</u> <u>Mrs H.R. Williams</u> Registrar. (Address) <u>Cassville Mo.</u>		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 3rd 1933

22. I HEREBY CERTIFY, That I attended deceased from July 2nd 1933 to July 3rd 1933
I last saw her alive on July 5th 1933. 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:
Valvular Heart Disease Date of onset _____
Old age

Other contributory causes of importance:
None

Name of operation None Date of _____
What test confirmed diagnosis? None 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) D. B. Mitchell, M. D.
Cassville 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.

Oct 20 1933

Dr Mitchell Dpt.

