

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

Do not use this space.

26246

1. PLACE OF DEATH

42 County Hennepin
4 Township Clinton
City Clinton (No. _____)

Registration District No. 347
Primary Registration District No. 3018

File No. _____
Registered No. 38
St. _____ Ward _____

2. FULL NAME

Eveline Johnson

(a) Residence, No. 307 E Ohio St., _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred 1 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

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

William Johnson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

1-23-1848

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, _____ hrs. or _____ min.

85

6

22

OCCUPATION

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.

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)

Attumung Town

13. NAME

Casey Bowen

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

Don't know

15. MAIDEN NAME

Rebecca Ledgewood

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

Don't know

17. INFORMANT (ADDRESS)

Mrs C M Williams Clinton Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE St. Mary's Cemetery

8-17-33

19. UNDERTAKER (ADDRESS)

Frank Williams Clinton Mo

20. FILED

8/15 1933 Ed C Peeler Registrar.

MEDICAL CERTIFICATE OF DEATH

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

8-15-1933

22. HEREBY CERTIFY, That I attended deceased from

Jan 1 1933 to Aug 15 1933
I saw her alive on Aug 12 1933 Death is said to have occurred on the date stated above, at 6:45 A.M.

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

Arterio Sclerosis Cerebral Hemorrhage
8/10/33

Other contributory causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? hematocrit 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) S. W. Mollen M.D.

(Address) Clinton Mo R.R. 4

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.

SEP 26 1933

