

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

Do not use this space.

36304

**1. PLACE OF DEATH**

County Harrison Registration District No. 540  
 Township White Oak Primary Registration District No. 5446  
 City (No. ) St. Ward

**2. FULL NAME**

Margaret Jane Johnson

(a) Residence, No. St. Ward. (If nonresident, give city or town and State)  
 (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.

**PERSONAL AND STATISTICAL PARTICULARS**

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 3 1852

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	81	10	18	

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) Washington Co  
 (STATE OR COUNTRY) Ind

13. NAME William Dailey

14. BIRTHPLACE (CITY OR TOWN) Washington Co  
 (STATE OR COUNTRY) Indiana

15. MAIDEN NAME Sarah Ann Studevant

16. BIRTHPLACE (CITY OR TOWN) Washington Co  
 (STATE OR COUNTRY) Ind

17. INFORMANT Luther Johnson  
 (ADDRESS) Bethany Mo

18. BURIAL, CREMATION, OR REMOVAL  
 PLACE White Oak DATE Nov 25, 1933

19. UNDERTAKER W G Noble  
 (ADDRESS) Bethany Mo

20. FILED Dec 1, 1933  
Jewell  
 Registrar.

**MEDICAL CERTIFICATE OF DEATH**

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

22. I HEREBY CERTIFY, That I attended deceased from Nov 18 1933, to Nov 21 1933  
 I last saw her alive on Nov 21, 1933 Death is said

to have occurred on the date stated above, at 9:10 p.m.  
 The principal cause of death and related causes of importance were as follows:

Apoplexy  
HTA  
 Other contributory causes of importance:  
 Date of onset

Name of operation Date of  
 What test confirmed diagnosis? 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?  
 If so, specify  
 (Signed) D. G. Paul, D.D., M. D.  
 (Address) Bethany, 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.

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