

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

Do not use this space.

40578

JAN 26 1934

**1. PLACE OF DEATH**

County Ray  
Township Ray  
City Ray

Registration District No. 461  
Primary Registration District No. 3024

File No. 112  
Registered No. \_\_\_\_\_  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Jarvis Louise 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 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) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 17 - 1925

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
8 11 9

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Student  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Pub School  
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) Waverly Mo

FATHER 13. NAME Louis Johnson

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

MOTHER 15. MAIDEN NAME Beline Bradley

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

17. INFORMANT (ADDRESS) Louis Johnson

18. BURIAL, CREMATION, OR REMOVAL PLACE Rayton Mo DATE Dec 26 1933

19. UNDERTAKER (ADDRESS) James Wager

20. FILED Dec 26 1933 Jay Bruce Bates Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 26 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec 24, 1933 to Dec 26, 1933  
I last saw h. or alive on Dec 20, 1933 Death is said

to have occurred on the date stated above, 12:40 a.m.  
The principal cause of death and related causes of importance were as follows:

Scarlet Fever  
Other contributory causes of importance:  
8

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 1933

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) O. J. Daniel, M. D.  
(Address) Rayton Mo

Every year 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.

