

SEP 19 1934

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

Do not use this space.

31701

1. PLACE OF DEATH

County JaneyRegistration District No. 861

File No. _____

Township SwanPrimary Registration District No. 6133Registered No. 9

City _____ (No. _____) St. _____ Ward _____

2. FULL NAME Viola 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. da. How long in U.S., if of foreign birth? yrs. mos. da.

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. 26 - 1888

7. AGE

YEARS

MONTHS

DAYS

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

4668

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work _____

(b) General nature of industry, business, or establishment in which employed (or employer) _____

(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) Swan(STATE OR COUNTRY) Missouri10. NAME OF FATHER Newt Johnson11. BIRTHPLACE OF FATHER (CITY OR TOWN) Albany(STATE OR COUNTRY) Kentucky12. MAIDEN NAME OF MOTHER Louisa Johnson13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Swan(STATE OR COUNTRY) Missouri

14.

INFORMANT Albert Johnson(Address) Swan, Missouri

15.

FILED 8-4 1934

1934

Irene Brown

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) August 4 1934

17. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____,

that I last saw him _____ alive on _____, 19____, and that death occurred, on the date stated above, at _____ m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

No physician called

CONTRIBUTORY (SECONDARY)

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH _____

DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____

WAS THERE AN AUTOPSY? _____

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) Dr. Fred G. Oldfield, 19____ (Address) Forest, Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

Swan CemeteryAug 5 1934

20. UNDERTAKER

ADDRESS

None

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.

