

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

Do not use this space.

32590

1. PLACE OF DEATH

41 County Harrison  
Township Clay  
City \_\_\_\_\_ (No. \_\_\_\_\_)

Registration District No. 335  
Primary Registration District No. 5470

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

2. FULL NAME Nora Booth Johnson

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

Length of residence in city or town where death occurred 52 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 wh't 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Divorced

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 11-16-1881

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, _____ hrs. or _____ min.
	<u>52</u>	<u>9</u>	<u>27</u>	

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) Harrison County Missouri  
(STATE OR COUNTRY)

13. NAME W<sup>m</sup> Booth

14. BIRTHPLACE (CITY OR TOWN) Harrison County Missouri  
(STATE OR COUNTRY)

15. MAIDEN NAME Anna Wishon

16. BIRTHPLACE (CITY OR TOWN) Harrison County Missouri  
(STATE OR COUNTRY)

17. INFORMANT W<sup>m</sup> Booth  
(ADDRESS) Cainsville Mo.

18. BURIAL, CREMATION, OR REMOVAL  
PLACE Fairview DATE 9-15

19. UNDERTAKER J. Evan Johnson  
(ADDRESS) Cainsville Mo.

20. FILED 9/20 1934 J. P. Carter  
Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 13, 1934

22. I HEREBY CERTIFY, That I attended deceased from Aug 5, 1934, to Sept 13, 1934

I last saw him alive on Sept 13, 1934. Death is said to have occurred on the date stated above, at 11:30 P. m.

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

Typhoid fever Date of onset \_\_\_\_\_

Other contributory causes of importance: Ulcer of Stomach

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 \_\_\_\_\_, 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) H. Nalley, M. D.  
(Address) Cainsville Mo.

