

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

Do not use this space.

NOV 20 1934

1. PLACE OF DEATH
 County Linn Registration District No. 496
 Township _____ Primary Registration District No. 3020
 City Brookfield (No. _____) St. _____ Ward _____

File No. 36573
 Registered No. 94

2. FULL NAME Josephine Wilmuth Johnson
 (a) Residence, No. 507 Harrison St. St. 3 Ward. _____
 (Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred 32 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>F</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>			
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Charles Johnson</u>					
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>1/26/1902</u>					
7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day,hrs. ormin.	
	<u>32</u>	<u>9</u>	<u>5</u>		
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>At Home</u>				
	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) <u>Brookfield,</u> (STATE OR COUNTRY) <u>MO</u>					
FATHER	13. NAME <u>Joseph W. Lyford</u>				
	14. BIRTHPLACE (CITY OR TOWN) <u>not known</u> (STATE OR COUNTRY) <u>Iowa</u>				
MOTHER	15. MAIDEN NAME <u>Emma Herr</u>				
	16. BIRTHPLACE (CITY OR TOWN) <u>not known</u> (STATE OR COUNTRY) <u>Iowa</u>				
17. INFORMANT <u>Charles Johnson</u> (ADDRESS) <u>Brookfield, Mo</u>					
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Rose Hill</u> DATE <u>11/2/34</u> 19 <u>34</u>					
19. UNDERTAKER <u>C. W. Dyer</u> (ADDRESS) <u>Brookfield Mo</u>					
20. FILED <u>Oct 31 1934</u> <u>Isaac M. D.</u> Registrar.					

MEDICAL CERTIFICATE OF DEATH

2. DATE OF DEATH (MONTH, DAY, AND YEAR) 10/31/34 1934

22. I HEREBY CERTIFY, That I attended deceased from Oct 14 1934 to Oct 31 1934
 I last saw her alive on Oct 31 1934 Death is said to have occurred on the date stated above, at 11 P.m.
 The principal cause of death and related causes of importance were as follows:
Ischaemic Endocarditis
Chronic Hypertension
 Other contributory causes of importance:
Chronic Nephritis
 Name of operation None Date of _____
 What test confirmed diagnosis? Clinical 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) James Evans _____ M. D.
 (Address) Brookfield Mo

