

AUG 22 1935

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

Do not use this space.

21820

## 1. PLACE OF DEATH

County ScotlandRegistration District No. 810

File No. \_\_\_\_\_

Township UnionPrimary Registration District No. 6056Registered No. 25

City \_\_\_\_\_ (No. \_\_\_\_\_) \_\_\_\_\_

St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Almira 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) widowed5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF G. C. Johnson6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 26, 18587. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 76 5 13

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) (STATE OR COUNTRY) Scotland County Missouri13. NAME John Beckley14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Boyer Missouri15. MAIDEN NAME Caroline Bish16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri17. INFORMANT (ADDRESS) Mrs Roy Younts Memphis Mo18. BURIAL, CREMATION, OR REMOVAL PLACE Richmond DATE 6/9 3519. UNDERTAKER (ADDRESS) E. W. Clayson Sours20. MIL 13 1935 G. C. Garrison Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-8-193522. I HEREBY CERTIFY, That I attended deceased from May 1<sup>st</sup>, 1935, to June 8<sup>th</sup>, 1935I last saw her alive on June 3<sup>rd</sup>, 1935. Death is saidto have occurred on the date stated above, at 12<sup>30</sup> A. M.

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

Fall, fracture femur  
left, fracture radius  
left. Shock

Date of onset

Other contributory causes of importance:

Diabetes MellitusName of operation None Date of \_\_\_\_\_What test confirmed diagnosis? Chemical Was there an autopsy? NO

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Accident Date of injury \_\_\_\_\_, 1935Where did injury occur? At home farm yard Mo. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury fell on slippery wet walkNature of injury Fracture femur & radius, shock24. Was disease or injury in any way related to occupation of deceased? NO

If so, specify \_\_\_\_\_

(Signed) W. S. Stephenson, M. D.(Address) Milton Iowa

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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.

