

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

Do not use this space.

26178

1. PLACE OF DEATH

County Green Registration District No. 318 File No. _____
 Township Springfield Primary Registration District No. 2001 Registered No. 366
 City Washington No. 1523 St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 1523 Washington 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

MEDICAL CERTIFICATE OF DEATH

3-SEX Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 31-1867

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
	<u>68</u>	<u>2</u>	<u>14</u>	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. In home

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) Sweden

13. NAME Lewis Johnson

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Sweden

15. MAIDEN NAME Minnie

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Sweden

17. INFORMANT (ADDRESS) H. H. Kruse, No. Springfield, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Sweden DATE Aug 16 1935

19. UNDERTAKER (ADDRESS) J. W. Langley & Co. Springfield, Mo.

20. FILED 8-16-35 W. W. Langston Registrar

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 14, 1935

22. I HEREBY CERTIFY, That I attended deceased from Aug 14, 1935, to Aug 14, 1935. I last saw h. or alive on Aug 9th, 1935. Death is said to have occurred on the date stated above, at 10:30 A.M.. The principal cause of death and related causes of importance were as follows:
Carcinoma of Duodenum
46
 Date of onset 1923

Other contributory causes of importance:
Myocardial Infarction

Name of operation None Date of _____
 What test confirmed diagnosis? None 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? _____
 If so, specify _____
 (Signed) W. W. Langston, M. D.
 (Address) Springfield Mo

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.

