DEC 20 1935

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

Do not use this space.

37135

File No. .....

Registered No. 38

1. PLACE OF DEATH

County St. Clair

Township Butler

City Lowry City Mo (No. ....., ... St. ..... Ward)

Registration District No. 763

Primary Registration District No. 6005

2. FULL NAME Martha Jane 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 3 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): Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 2. 1857

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
79	6	14	

OCCUPATION

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) Lynchburg Mo
(STATE OR COUNTRY) Camden Co Mo

FATHER

13. NAME John Parre

14. BIRTHPLACE (CITY OR TOWN) Not Given
(STATE OR COUNTRY) Ohio

MOTHER

15. MAIDEN NAME Anna Rumsey

16. BIRTHPLACE (CITY OR TOWN) Not Given
(STATE OR COUNTRY)

17. INFORMANT L. Viola Haller
(ADDRESS) Lowry City Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Monett Mo DATE Nov 18, 1935

19. UNDERTAKER H. C. Austin
(ADDRESS) Lowry City Mo

20. FILED Nov 17, 1935 Sophia L. Stratton
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11/16/, 1935

22. I HEREBY CERTIFY, That I attended deceased from Aug 14, 1935 to Nov 16, 1935

I last saw her alive on Nov 14, 1935. Death is said to have occurred on the date stated above, at 3:45 A.m.

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

	Date of onset
Diabetes	
59	

Other contributory causes of importance:

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) C. L. Stratton, M. D.

(Address) Lowry city 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.

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

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2
3