

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.

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

Do not use this space.

SEP 1 1936

26319

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1. PLACE OF DEATH

County Greene Registration District No. 320
Township Center Primary Registration District No. 5443
City Boonville (No. _____) St. _____ Ward _____

2. FULL NAME Mary Tennessee Johnson

(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)
Length of residence in city or town where death occurred 50 yrs. mos. _____ ds. How long in U. S., if of foreign birth? yrs. mos. _____ ds. (If nonresident, give city or town and State)

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 Leaves Johnson
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May-25-1861
7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
75 1 22

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) (STATE OR COUNTRY) Lebanon

13. NAME Thomas Hollingsworth

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

15. MAIDEN NAME Folly Ann Moore

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

17. INFORMANT Thomas Johnson
(ADDRESS) Boonville Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE John Chapel DATE July-18-36

19. UNDERTAKER Benjamin Tinsdale
(ADDRESS) Boonville Mo

20. FILED Aug 5 1936 Lucy E. Hays Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July-16-1936

22. I HEREBY CERTIFY That I attended deceased from July 7, 1936, to July 18, 1936
I last saw her alive on July 13th, 1936. 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:

Chronic Endocarditis Date of onset _____
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Other contributory causes of importance:
Chronic nephritis + Hypertension

Name of operation none Date of _____
What test confirmed diagnosis? _____ 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) Charles H. McCallie, M. D.
(Address) Boonville Mo

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