

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

Do not use this space.

30753

SEP 23 1936

1. PLACE OF DEATH

County Howell
Township Silvan Springs
City (No.)

Registration District No. 1110
Primary Registration District No. 5541

File No.
Registered No.
St. Ward)

2. FULL NAME

Louisa 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 <u>F</u>	4. COLOR OR RACE <u>W.</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>John W. Johnson</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>April 6 - 1867</u>		
7. AGE	YEARS <u>79</u>	MONTHS <u>3</u>
	DAYS <u>29</u>	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</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) (STATE OR COUNTRY) <u>Howell Co Mo</u>		
MOTHER FATHER	13. NAME <u>Robert Collins</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ohio</u>	
	15. MAIDEN NAME <u>Cinda Collins</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>	
17. INFORMANT (ADDRESS) <u>Mrs Helia Ector</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Little Zion Cem</u> DATE <u>Aug 6</u> 19 <u>36</u>		
19. UNDERTAKER (ADDRESS) <u>J. B. Roper</u> <u>Howell Mo</u>		
20. FILED <u>Aug 31</u> 19 <u>36</u> <u>Cammie Duff</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug - 5 1936

22. I HEREBY CERTIFY, That I attended deceased from July 25 1936, to Aug 5 1936
I last saw her alive on July 25 1936. Death is said to have occurred on the date stated above, at 9:30 a. m.
The principal cause of death and related causes of importance were as follows:
Central Hemorrhage
Date of onset

Other contributory causes of importance: 80 a 1

Name of operation None Date of

What test confirmed diagnosis? Symptoms Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide?

Where did injury occur? Home Date of injury

(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Home
Nature of injury Home

24. Was disease or injury in any way related to occupation of deceased? No.
If so, specify

(Signed) P. H. Spinks, M. D.
(Address) West Plains, 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.

