MAY 27 1937

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

Do not use this space.

File No. 36 16783

Registered No.

1. PLACE OF DEATH
County Lafayette
Township Lexington
City (No. , St. Ward)

Registration District No. 461
Primary Registration District No. 3024

2. FULL NAME Infant Daughter of Mr And Mrs Erland N. 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: Fe.
4. COLOR OR RACE: white
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): **********

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 12, 1937

7. AGE

Years	Months	Days	If LESS than 1 day, hrs. or min.
0	0	1	

OCCUPATION
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) Lexington Mo.

FATHER
13. NAME Erland N. Johnson
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Finland

MOTHER
15. MAIDEN NAME Lillian Erickson
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lexington Mo.

17. INFORMANT Erland N. Johnson
(ADDRESS) Lexington, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Lexington, Mo. DATE April 13 1937

19. UNDERTAKER Winkler
(ADDRESS) Lexington, Mo.

20. FILED Apr. 13 1937 Faye B. Bates
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 13, 1937

22. I HEREBY CERTIFY, That I attended deceased from Apr. 12, 1937, to Apr. 13, 1937
I last saw ~~her~~ alive on Apr 12, 1937. Death is said to have occurred on the date stated above, at 1 a. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage	

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) G. H. Fredendall, M. D.
(Address) Lexington, 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.