Hill

JUN 18 1937

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

Do not use this space.

10825

1. PLACE OF DEATH
County Cole
Township
City Jefferson (No. ..... St. ..... Ward)

Registration District No. 213
Primary Registration District No. 3014

File No.
Registered No. 161

2. FULL NAME Mary Will Johnson
(a) Residence, No. 121 E Ashley 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 Female
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF ~~MARRIED, WIDOWED, OR DIVORCED~~ ~~HUSBAND OF~~ (OR) WIFE OF James Garfield Johnson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 14 1885

7. AGE 235 YEARS 51 MONTHS 6 DAYS 20 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Wife
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) Callaway Co.

FATHER
13. NAME Thomas A. Bedsworth
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Callaway

MOTHER
15. MAIDEN NAME Mollie Arnold
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Callaway Co

17. INFORMANT (ADDRESS) James G. Johnson

18. BURIAL, CREMATION, OR REMOVAL
PLACE Riverview DATE May 6 Thur 1937

19. UNDERTAKER (ADDRESS) Dawson - Tanner

20. FILED 5/5 1937 W. Bedford M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 4, 1937

22. I HEREBY CERTIFY, That I attended deceased from Apr 26, 1937, to May 4, 1937
I last saw her alive on May 4, 1934. Death is said to have occurred on the date stated above, at 6 P.M.
The principal cause of death and related causes of importance were as follows:

Influenza Pneumonia — Date of onset Apr 28

Other contributory causes of importance: none

Name of operation — Date of
What test confirmed diagnosis? Clinical 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? no
If so, specify
(Signed) Jas A. Hill, M. D.
(Address) Jefferson City Md

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.