

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.

JUN 28 1937

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

Do not use this space.

21046

1. PLACE OF DEATH

County Putnam  
 Township Liberty  
 City

Registration District No. 712  
 Primary Registration District No. 5941

File No. ....  
 Registered No. 11  
 St. .... Ward)

2. FULL NAME

Bettie Elizabeth 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 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 John H. Johnson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 18 1864

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
72      5      23

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own home

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) Compton, Mo.

13. NAME W. B. Dickey

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Compton, Mo.

15. MAIDEN NAME Johnson

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Compton, Mo.

17. INFORMANT (ADDRESS) Joe Johnson

18. BURIAL, CREMATION, OR REMOVAL PLACE Johnson's home DATE 5/13 1937

19. UNDERTAKER (ADDRESS) J. H. ...

20. FILED May 11 1937 Orville A. Oliver Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 11 1937

22. I HEREBY CERTIFY that I attended deceased from April 29, 1937, to May 11, 1937

I last saw him alive on May 11, 1937. Death is said to have occurred on the date stated above, at 9:35 a.m.

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

Fractured Pneumonia 4/29/37  
Caused by injury to back  
several days before  
was destroyed by wind  
storm

Other contributory causes of importance:

Name of operation ✓ Date of 187

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? Accident Date of injury 4/29 1937

Where did injury occur? In own home

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. In home

Manner of injury Fractured by fall

Nature of injury Fractured back, neck and head

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) W. B. Dickey M. D.

(Address) Compton, Mo.

