AUG 24 1937

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

Do not use this space.

1. PLACE OF DEATH
County Howard. Registration District No. 878 File No. 27344
Township Fayette, Primary Registration District No. 4222 Registered No. 46
City (No. , St. Ward)

2. FULL NAME Bettie Francis Grigsby 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) Widowed,
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF James Johnson,
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 9/25th 1867
7. AGE YEARS 69 MONTHS 9 DAYS 27 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home
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) Missouri,

FATHER
13. NAME James M. Grigsby.
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio.

MOTHER
15. MAIDEN NAME Virginia Diggs,
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

17. INFORMANT (ADDRESS) John Gibbs
18. BURIAL, CREMATION, OR REMOVAL
PLACE Walnut Ridge. DATE 7.23rd 1937
19. UNDERTAKER (ADDRESS) Guy T. Halley. Fayette, Mo.
20. FILED Aug. 5 1937 V. O. Bonham Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7/22nd 1937, 19

22. I HEREBY CERTIFY, That I attended deceased from 5-3, 1937, to 7-22, 1937
I last saw her alive on 7-22, 1937 Death is said to have occurred on the date stated above, at m.
The principal cause of death and related causes of importance were as follows:
Carcinoma of Caecum Date of onset 1937
46
Other contributory causes of importance:
Secondary Anemia
Name of operation None Date of
What test confirmed diagnosis? Clays 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) Wm Bloom, M. D.
(Address) Fayette 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.