

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

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

Do not use this space.

75- REC'D MAR 22 1938

7644

1. PLACE OF DEATH

County Oregon
 Township Johnson
 City Henry Springs (No. _____) St. _____ Ward _____

Registration District No. 1064
 Primary Registration District No. 584-2

File No. _____
 Registered No. 2

2. FULL NAME

Canzala Johnson 525

(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

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 27, 1938

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

22. I HEREBY CERTIFY, That I attended deceased from Feb. 26, 1938, to Feb. 27, 1938

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 6, 1932

I last saw her alive on Feb. 27, 1938 Death is said to have occurred on the date stated above, at 7 P. M.

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
66 21

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

Cerebral Hemorrhage Date of onset _____

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

Other contributory causes of importance: _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Arkansas

13. NAME James Martin

Name of operation _____ Date of _____

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

What test confirmed diagnosis? _____ Was there an autopsy? _____

15. MAIDEN NAME Tollace

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19 _____

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place. _____

17. INFORMANT T. B. Johnson Attn. M.
 (ADDRESS)

Manner of injury _____

18. BURIAL, CREMATION, OR REMOVAL PLACE L.nce Gen. DATE Feb. 28, 1938

Nature of injury _____

19. UNDERTAKER Leo Carr, Thayer, Mo.
 (ADDRESS)

24. Was disease or injury in any way related to occupation of deceased? _____

20. FILED 3 4, 1938, W. J. Cothran
 Registrar. 517 (Address) _____

If so, specify Wilson (Signed) _____ M. D.

Attn. M. End

