

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.

REC'D MAY 20 1938

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

Do not use this space.

1. PLACE OF DEATH

County Howell

Township Sisson

City

(No. \_\_\_\_\_)

St.

Ward

Registration District No. 388

Primary Registration District No. 5542

File No.

Registered No. 6

14807

2. FULL NAME

IZA O. JOHNSON

(a) Residence, No. Fanchon, Mo.

(Usual place of abode)

Peace Valley, Mo. Ward. 1.

Length of residence in city or town where death occurred 9 yrs. 6 mos. - ds.

How long in U. S., if of foreign birth? \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

(If nonresident, give city or town and State)

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

Geo. W. Johnson

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

Oct. 7, 1881

7. AGE

YEARS 56

MONTHS 5

DAYS 19

If LESS than 1 day, \_\_\_\_\_ hrs. \_\_\_\_\_ min.

OCCUPATION

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

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

Saline, Missouri

FATHER

13. NAME

Elijah Peterson

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

Ohio

MOTHER

15. MAIDEN NAME

Salinda Putnam

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

Ohio

17. INFORMANT

G. W. Johnson  
(ADDRESS) Peace Valley, Mo. Rt. 1

18. BURIAL, CREMATION, OR REMOVAL Barnett Cem.

PLACE Sisson Twp. DATE Mar. 28, 1938

19. UNDERTAKER

(ADDRESS) Hal Thornburgh  
West Plains, Mo.

20. FILED

3/28 1938 ms Pearl Cox  
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 26, 1938

22. I HEREBY CERTIFY, That I attended deceased from

Mar 26, 1938, to Mar - 26, 1938

I last saw him alive on Mar. 26, 1938. Death is said

to have occurred on the date stated above, at 5:20 a.m.

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

Measles Date of onset 2/19/38

Other contributory causes of importance:

Acute Meningitis 3/27/38

Name of operation none

Date of \_\_\_\_\_

What test confirmed diagnosis? Quin 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. P. D. Johnson

(Signed)

West Plains, Mo.

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