

REC'D JUN 8 1938

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

Do not use this space.

18323

1. PLACE OF DEATH

County Green Registration District No. 318 File No. 396
Township Springfield Primary Registration District No. 5440 Registered No. 396
City Springfield, Mo. (No. 525) Clark Osteopathic Hospital St. Verona Ward Mo

2. FULL NAME

(a) Residence, No. Docra Johnson St. Verona Ward Mo
(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 Ed Johnson
(OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 16 1893

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
✓ 4 7 23

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) 2 weeks previous death 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Berry Co.13. NAME Asher Smith14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Berry Co. Mo.15. MAIDEN NAME Rannie Ray16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Berry Co. Mo.17. INFORMANT Ed Johnson (ADDRESS) Verona, Mo.18. BURIAL, CREMATION, OR REMOVAL PLACE Spring River Cem DATE May 12 193819. UNDERTAKER (ADDRESS) Fossitt Funeral Home Verona, Mo.20. FILED May 12 1938 Chas. H. George, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 9 - 1938

22. I HEREBY CERTIFY, That I attended deceased from 4-28-38, 1938, to 5-9-38, 1938

I last saw her alive on 5-9-38, 1938 Death is said to have occurred on the date stated above, at 8:07 a.m.

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

Acute thrombosis Date of onset 5-9-38

Other contributory causes of importance:

Carcinoma of cervixPrimaryName of operation p.a.u. hysterectomy date of 4-30-38What test confirmed diagnosis? — Was there an autopsy? —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? noIf so, specify —(Signed) William D. Hartzel, M.D.(Address) 2100 S. Holladay Springfield, 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.

