

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

Do not use this space.

26174<sup>219</sup>

1. PLACE OF BIRTH 1938 2  
 County Polk Registration District No. 668  
 Township Sparta Primary Registration District No. 3032  
 City Sparta, Mo. (No. 4) St. \_\_\_\_\_ Ward \_\_\_\_\_  
 2. FULL NAME Eliza B. Johnson 655  
 (a) Residence, No. 127 East 6th St., 2nd Ward. (If nonresident, give city or town and State)  
 Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <u>Female</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>M. M. Barman</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>July 22 1850</u>		
7. AGE	YEARS	MONTHS
	<u>87</u>	<u>11</u>
		DAYS
		<u>26</u>
		If LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Home maki</u>	
	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
MOTHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Sparta Indiana</u>	
FATHER	13. NAME <u>Daniel Wood</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>unknown Indiana</u>	
	15. MAIDEN NAME <u>Sarah Todd</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Pising Sun Indiana</u>	
	17. INFORMANT <u>Mrs. James Elbert</u> (ADDRESS) <u>Sedalia, Mo.</u>	
	18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Third St. Mo.</u> DATE <u>July 21 1938</u>	
	19. UNDERTAKER <u>Huston Turner</u> (ADDRESS) <u>Windsor Missouri</u>	
	20. FILED <u>July 21 1938</u> <u>John Slack</u> Registrar.	

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 18 1938

22. I HEREBY CERTIFY, That I attended deceased from July 8 1938 to July 18 1938  
 I last saw h. alive on July 17 1938 Death is said to have occurred on the date stated above, at 7:20 am.  
 The principal cause of death and related causes of importance were as follows:  
Cerebral Apoplexy  
Left Side  
 Date of onset 7/17/38

Other contributory causes of importance: 82 yr  
Heart & Lung  
and Debility

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? Clinical 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) Frank B. Long, M. D.  
 (Address) Sparta Mo.

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

