

REC'D AUG 17 1939

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

Do not use this space.

25367

1. PLACE OF DEATH

County ChristianRegistration District No. 184Township LinleyPrimary Registration District No. 5255City 215 (No. 215)St. Ward

2. FULL NAME

Florence Johnson St. Ward (a) Residence, No.

(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 Female4. COLOR OR RACE white5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Single6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 17 19107. AGE YEARS 28 MONTHS 6 DAYS 1 IF LESS than 1 day,hrs. ormin.8. Trade, profession, or particular kind of work done, as splinner, sawyer, bookkeeper, etc. Home Keeper9. 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) Missouri13. NAME Anna Johnson14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri15. MAIDEN NAME Emma Bray16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri17. INFORMANT (ADDRESS) Anna Johnson Ozark Mo.18. BURIAL, CREMATION, OR REMOVAL PLACE Ozark DATE Mar 20 193919. UNDERTAKER (ADDRESS) T. B. Chubb Ozark Mo.20. FILED Aug 1 1939 Walter Leonard Registrar.21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 18 193922. I HEREBY CERTIFY, That I attended deceased from Mar 15 1938 to Mar 18 1939I last saw her alive on Mar 7 1939. Death is said to have occurred on the date stated above, at 20 m.

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

Cause of Tetosis Date of onset Other contributory causes of importance: 4Name of operation Radical Treatment Date of What test confirmed diagnosis? Was there an autopsy? Y

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? YIf so, specify (Signed) J. H. Wade, M. D.(Address) Ozark Mo.

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.

RECEIVED

District Health Officer No. 6,

District File No. 839-1685

Date Filed AUG 10 1939