

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

Do not use this space.

10832

**1. PLACE OF DEATH**

County Ray  
Township Catharpell  
City Ray, Mo. (No. ....)

Registration District No. 974  
Primary Registration District No. 5383

File No. ....  
Registered No. 8  
St. .... Ward)

**2. FULL NAME R. Willa Johnson**

(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**

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 Sigal Johnson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1861

7. AGE YEARS 75 MONTHS 0 DAYS 27 If LESS than 1 day, .... hrs. or .... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ....  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farmer  
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) Mo

13. NAME unknown

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

15. MAIDEN NAME unknown

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

17. INFORMANT Ray Drake (ADDRESS) Ray, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Johnson Co. DATE 12-11 1936

19. UNDERTAKER (ADDRESS) .....

20. FILED 3.12.1940 Dora Munchel Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 18, 1936

22. I HEREBY CERTIFY, That I attended deceased from Dec 6 1936 to Dec 6 1936

I last saw him/her alive on Dec 6, 1936 Death is said to have occurred on the date stated above, at ..... m.

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

Necrosis liver

Date of onset

Other contributory causes of importance: 1234

Name of operation ..... Date of .....

What 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? If so, specify .....

(Signed) Dr. J. C. Ellis M. D.

(Address) Rose Missouri

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.

RECEIVED

District: 4th Officer No. 6,

District File Number 440-1090

Date Filed APR 11 1940