

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

Do not use this space.

13321

**1. PLACE OF DEATH**

County Henry  
Township \_\_\_\_\_  
City Clinton (No. \_\_\_\_\_)

Registration District No. 341  
Primary Registration District No. 3018

File No. \_\_\_\_\_  
Registered No. 58  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME** Mary Etta Johnson

(a) Residence No. 320 S-6 St., \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode)

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. (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX 7 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Ray Johnson

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb 27 1897

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
33      1      28

8. OCCUPATION OF DECEASED  
(a) Trade, profession, or particular kind of work Housekeeper  
(b) General nature of industry, business, or establishment in which employed (or employer) 235  
(c) Name of employer \_\_\_\_\_

9. BIRTHPLACE (CITY OR TOWN) New Coal, Mo.  
(STATE OR COUNTRY)

10. NAME OF FATHER C. N. Smith

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Indiana  
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Lizzie Thomas

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Marsax, Mo.  
(STATE OR COUNTRY)

14. INFORMANT Mr. Ray Johnson  
(Address) Clinton Mo.

15. FILED 4/21, 1931 Ed C. Peelor  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 20 1931

17. I HEREBY CERTIFY, That I attended deceased from April 27 1931 to April 20 1931 that I last saw him alive on April 19 1931, and that death occurred, on the date stated above, at 7:45 a.m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Robert Pneumonia  
(duration) yrs. mos. 13 ds.

CONTRIBUTORY (SECONDARY) Cholecystitis  
(duration) yrs. mos. 5 ds.

18. WHERE WAS DISEASE CONTRACTED 108  
IF NOT AT PLACE OF DEATH \_\_\_\_\_

DID AN OPERATION PRECEDE DEATH? no DATE OF \_\_\_\_\_

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS leucal  
(Signed) S. W. Wolzgen M. D.  
, 19 (Address) Clinton, Mo.

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Clinton Mo DATE OF BURIAL 4-21 1931

20. UNDERTAKER Shore & Joy ADDRESS Clinton

MAY 23 1931  
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.

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