

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

Do not use this space.

4447

1. PLACE OF DEATH

County Henry Registration District No. 349
Township East Primary Registration District No. 4207
City Calhoun (No. _____) St. _____ Ward _____

2. FULL NAME

Viola Justine 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 6 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>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>✓</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>July 17 - 1875</u>		
7. AGE	YEARS <u>56</u>	MONTHS <u>7</u>
		DAYS <u>14</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>✓</u>	<u>234</u>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Waste work</u>	
	10. Date deceased last worked at this occupation (month and year) <u>✓</u>	11. Total time (years) spent in this occupation _____
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)	<u>Monroe City, Mo.</u>	
FATHER	13. NAME <u>W. L. Johnson</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)	<u>Murksburg 2 Penn.</u>
MOTHER	15. MAIDEN NAME <u>Viola Strain</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)	<u>Ohio</u>
17. INFORMANT (ADDRESS)	<u>Mrs. J. H. Edwards</u>	
18. BURIAL, CREMATION, OR REMOVAL PLACE	<u>Calhoun Cemetery</u>	DATE <u>Feb. 29 1932</u>
19. UNDERTAKER (ADDRESS)	<u>Calhoun, Mo.</u>	
20. FILED	<u>Feb 29 1932</u>	<u>Miss A. C. Gray</u> Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 27, 1932

22. I HEREBY CERTIFY, That I attended deceased from Feb. 19, 1932 to Feb. 27, 1932

I last saw her alive on Feb 27, 1932 Death is said to have occurred on the date stated above, at 9:00 a.m.

The principal cause of death and related causes of importance were as follows:
Paralysis caused by a blood clot on the Brain.

Other contributory causes of importance:
8200

Name of operation _____ Date of _____

What test confirmed diagnosis? ✓ 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? _____
If so, specify _____
(Signed) J. A. Ballard, M. D.
(Address) Calhoun, Mo.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

MAILED FEB 29 1932

