

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

Do not use this space.

29078

1. PLACE OF DEATH

County Henry Registration District No. 347
 42 Township Clinton Primary Registration District No. 3018
 4 City Clinton (No. _____) St. _____ Ward _____

File No. _____
 Registered No. 89

2. FULL NAME Marie Elizabeth Johnson

(a) Residence, No. 112 E Allen St., 4th Ward.
 (Usual place of abode)

Length of residence in city or town where death occurred 9 yrs. 0 mos. 24 ds. How long in U. S., if of foreign birth? 61 yrs. 2 mos. ds. (If nonresident, give city or town and State)

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>Chris Johnson</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Sept. 30, 1856</u>		
7. AGE	YEARS <u>75</u>	MONTHS <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>Housewife</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
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Karlsholm 24 Sweden</u>		
FATHER	13. NAME <u>Robert Hulff</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Sweden</u>	
MOTHER	15. MAIDEN NAME <u>Dorothea Hulff</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Sweden</u>	
17. INFORMANT <u>Mary M. Johnson</u> (ADDRESS) <u>112 E. Allen, Clinton Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Englewood</u> DATE <u>9/27</u> , 19 <u>32</u>		
19. UNDERTAKER <u>Jenny Coon</u> (ADDRESS) <u>Clinton Mo</u>		
20. FILED <u>9/27</u> , 19 <u>32</u> <u>Ed. C. Peeler</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-26, 1932

22. I HEREBY CERTIFY, That I attended deceased from Sept 18, 1932, to Sept 26, 1932.
 I last saw her alive on Sept 26, 1932. Death is said to have occurred on the date stated above, at 7:00 a.m.
 The principal cause of death and related causes of importance were as follows:
Pneumonia Histotica Date of onset 11/13
11/13

Other contributory causes of importance:

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) J. R. Hamilton, M. D.
 (Address) Clinton Mo

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.

PERMANENT RECORD
 OCT 26 1932

