

SEP 18 1934

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

Do not use this space.

30524

## 1. PLACE OF DEATH

County Ray  
Township Lake View  
City Northland (No. ....)

Registration District No. 914  
Primary Registration District No. 6333-

File No. ....  
Registered No. 7  
St. .... Ward)

## 2. FULL NAME

(a) Residence, No. .... St. .... Ward.  
(Usual place of abode)

Length of residence in city or town where death occurred 1 yrs. 3 mos. X 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 Fe 4. COLOR OR RACE wh. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widow

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 19-1837

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
97 2 -

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housewife  
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) Ohio

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 (ADDRESS) Mrs Roy Anderson  
Northland, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Antioch DATE Aug. 21, 1934

19. UNDERTAKER (ADDRESS) B. F. Mead  
Crainville, Mo

20. FILED Aug 25, 1934 H. E. Gant  
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 19, 1934

22. I HEREBY CERTIFY, That I attended deceased from 19.22, 19... to Aug 19, 1934

I last saw him alive on Aug 19, 1934. Death is said to have occurred on the date stated above, at 6:50 p.m.

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

Apoplexy with cerebral ecchymosis and cerebral hemorrhage in consistency.

Other contributory causes of importance: with stenosis of coronary artery

Name of operation X Date of operation  
What test confirmed diagnosis? Was there an autopsy? NY

23. If death was due to external causes (violence), fill in also the following: Accident, suicide or homicide? X Date of injury X, 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? no  
If so, specify X

(Signed) G. S. Galy, M. D.  
(Address) Northland, Mo R.R. # 1021

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.

