

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

Do not use this space.

14277

1. PLACE OF DEATH

89 County Ray Registration District No. 914
 Township Stake Run #54 Primary Registration District No. 6235-
 City Bragman (No. _____) St. _____ Ward _____

2. FULL NAME

Barbara Alice Johnson
 (a) Residence, No. _____ St. _____ Ward _____
 (Usual place of abode)
 Length of residence in city or town where death occurred 54 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 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 H. S. Johnson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 28, 1855

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
78 11 19

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) Charleston Ohio

13. NAME Ischok Mull

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

15. MAIDEN NAME Sybol Maps

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

17. INFORMANT (ADDRESS) Morrison Johnson Bragman Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE W. B. Baker DATE April 19 1933

19. UNDERTAKER (ADDRESS) B. F. Mead Bragman Mo

20. FILED Apr 18 1933 W. E. Gant Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 17, 1933

22. I HEREBY CERTIFY, that I attended deceased from April 11 1933 to April 16 1933
 I last saw her alive on April 16 1933 Death is said to have occurred on the date stated above, at 11:15 a.m.

The principal cause of death and related causes of importance were as follows:
Stokes-Adams disease (Heart Block)
Pulse from 30 to 36. 9 PM
 Other contributory causes of importance:
Arterio-Sclerosis

Name of operation None Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? None

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? None 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 None
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?
 If so, specify _____
 (Signed) Edward B. Bragman M. D.
 (Address) Bragman Mo

V. S. NO. 2

MARGIN RESERVED FOR BINDING

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.

MAY 24 1933

MOTHER, FATHER 2 2 2

