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

Do not use this space.

APR 25 1934

1. PLACE OF DEATH

County *Ray*

Township *Richmond*

City *Richmond* (No.)

Registration District No. *744*

Primary Registration District No. *3035*

File No. *10126*

Registered No. *38*

St. Ward

2. FULL NAME *Harry Chloe Johnson*

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

(If nonresident, give city or town and State)

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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female*

4. COLOR OR RACE *Black*

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *Widowed*

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND of (OR) WIFE of *David Johnson*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *May 9, 1862*

7. AGE YEARS *71* MONTHS *10* DAYS *7* If LESS than 1 day, ... hrs. or .... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *House Wife*

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) *Rayville, Missouri*

FATHER

13. NAME *Bill Anderson*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Orange County, North Carolina*

MOTHER

15. MAIDEN NAME *Minnie Welder*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Orange County, North Carolina*

17. INFORMANT (ADDRESS) *Dessa Johnson, Lawson, Missouri*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Lawson Cemetery* DATE *March 17, 1934*

19. UNDERTAKER (ADDRESS) *J. H. Maupin, Richmond, Missouri*

20. FILED *4-9* 19*34* *E. E. Clay* Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *3-16* 19*34*

22. I HEREBY CERTIFY, That I attended deceased from *3-13*, 19*34*, to *3-16*, 19*34*

I last saw her alive on *3-17*, 19

Death is said to have occurred on the date stated above, at *7* p.m.

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

Lobar Pneumonia

Date of onset

Other contributory causes of importance: *Chronic Myocarditis*

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? *no*

If so, specify ....

(Signed) *H. W. Griffith* M.D.

(Address) *Richmond, Mo.*