

APR 28 1937

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

Do not use this space.

1. PLACE OF DEATH

County Scotland
Township Jefferson
City Jefferson (No. _____)

Registration District No. 810
Primary Registration District No. 6055

File No. 13754
Registered No. 19

2. FULL NAME

Leroy Francis Johnson

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

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. (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>widow</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND-OF (OR) WIFE OF <u>a.w. Johnson</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Jan 6 - 1854</u>		
7. AGE	YEARS	MONTHS
<u>83</u>	<u>2</u>	<u>23</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Retired house wife</u>		11. Total time (years) spent in this occupation
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)		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 29, 1937

22. I HEREBY CERTIFY, That I attended deceased from March 8, 1937, to March 29, 1937

I last saw h. decd March 29, 1937 Death is said to have occurred on the date stated above, at _____ m.

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

Date of onset _____

Other contributory causes of importance: ad

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wentzville, Mo.

13. NAME Wm Bauer

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

15. MAIDEN NAME Polina J. Tomkins

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Randolph Co. Mo.

17. INFORMANT Shaw Johnson
(ADDRESS) Memphis Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Ridgeway DATE Mar 31, 1937

19. UNDERTAKER (ADDRESS) Ward Baker
Memphis Mo.

20. FILE APR - 8 1937 C. E. Carver
Registrar.

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) W. D. Baker, M. D.
(Address) Memphis 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.

