

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

22527

Do not use this space.

REC'D JUL 11 1939

**1. PLACE OF DEATH**

(a) County Lawrence Registration District No. 470  
 (b) Township Millersburg Primary Registration District No. 5633  
 (c) City Mt. Vernon, Mo. (d) Street Missouri State Sanatorium St.  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred yrs. 7 mos. 26 ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

**2. PRINT FULL NAME** Erva Belle Clymer

(a) Residence, No. Stanberry, Mo. Route 2 St.  (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Unknown  
~~Married~~

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 10, 1919

7. AGE YEARS MONTHS DAYS If LESS than 1 day, .....hrs. or .....min.  
20 4 22

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife  
 9. Industry or business in which work was done, as saw mill, bank, etc.  
 10. Date deceased last worked at this occupation (month and year) January 1938  
 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Stanberry  
 (STATE OR COUNTRY) Missouri

FATHER 13. NAME George Leamon Johnson

14. BIRTHPLACE (CITY OR TOWN) Island City  
 (STATE OR COUNTRY) Missouri

MOTHER 15. MAIDEN NAME Mary Maude Jones

16. BIRTHPLACE (CITY OR TOWN) Unknown  
 (STATE OR COUNTRY) Illinois

17. INFORMANT E. McMichael, Record Clerk  
 (ADDRESS) Missouri State Sanatorium

18. BURIAL, CREMATION, OR REMOVAL PLACE Albany, Mo. DATE June 1, 1939

19. FUNERAL DIRECTOR (NAME) Rosett Turner Home  
 (ADDRESS) Mt. Vernon, Mo.

20. FILED June 1, 1939 P. A. Holmes  
 Local Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 1, 1939 ~~XXXX~~

22. I HEREBY CERTIFY, That I attended deceased from October 6, 1938, to June 1, 1939

I last saw h. or alive on 6-1-1939. Death is said to have occurred on the date stated above, at 8:15 a.m.

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

Pulmonary Tuberculosis

Date of onset Sept. 1937

Other contributory causes of importance: 73

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? No  
 If so, specify.....  
 (Signed) J. S. Jones, M. D.

(Address) Mt. Vernon, Mo.

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.

RECEIVED

District Health Officer No. 6,

District File Number 739-1269

Date Filed JUL 6 1939

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**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....  
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, above space should be left blank.**