

APR 15 1937

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

Do not use this space.

1. PLACE OF DEATH

County Barry
Township.....
City Monett (No.....)

Registration District No. 300
Primary Registration District No. 2003

File No. 11033
Registered No. 12

2. FULL NAME Mollie Mary Johnson

(a) Residence, No. 301 Lincoln Ave. St. Ward.
(Usual place of abode) (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 White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 16, 1871

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
5 65 11 23

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

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) Barry County, Mo.

13. NAME George Moore

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

15. MAIDEN NAME Nancy Carney

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

17. INFORMANT Mrs. Oltie Davis (ADDRESS) Monett, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE I. O. O. F. DATE Mar 11 1937

19. UNDERTAKER Callaway's (ADDRESS) Monett, Missouri

20. FILED 3-10-1937 W. M. West Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 9, 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan 29, 1937, to Mar 9, 1937

I first saw her alive on Mar 8, 1937 Death is said to have occurred on the date stated above, at 1 1/2 a.m.

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

Influenza

Date of onset
1-29-37

Other contributory causes of importance:

Chr arterio. sclerotia myocarditis

1933

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 Ernest Mitchell M. D.

(Signed) Ernest Mitchell (Address) Monett Mo.

WHITE PRINTING 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.

X-7284

