

MAR 25 1930

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

Do not use this space.

8146

File No. _____
Registered No. 14
St. _____ Ward)

1. PLACE OF DEATH

County Cole Registration District No. 213
Township _____ Primary Registration District No. 30.7
City Jefferson (No. _____)

2. FULL NAME

Corolia Jane Johnson

(a) Residence. No. _____ Ward. (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 7 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

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>widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>H Johnson</u>		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>July 3 - 1848</u>		
7. AGE	YEARS <u>81</u>	MONTHS <u>8</u>
	DAYS <u>2</u>	If LESS than 1 day, _____ hrs. or _____ min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work housework

(b) General nature of industry, business, or establishment in which employed (or employer) free

(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) Virginia
(STATE OR COUNTRY)

10. NAME OF FATHER J. H. Stobuck

11. BIRTHPLACE OF FATHER (CITY OR TOWN) W. Va.
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER M

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) _____
(STATE OR COUNTRY)

14. INFORMANT J. G. Williams
(Address) 472 Clark Ave.

15. FILED 3/7 30 Dr. Bedford
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 5 1930

17. I HEREBY CERTIFY, That I attended deceased from Feb - 19, 1930 to Mar - 5, 1930 that I last saw her alive on Mar - 4, 1930, and that death occurred, on the date stated above, at 3 15/8 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Uremia

137A
1320

(duration) _____ yrs. mos. ds.

CONTRIBUTORY (SECONDARY) paramechyotoma nephritis
(duration) _____ yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED _____
IF NOT AT PLACE OF DEATH _____

19. DID AN OPERATION PRECEDE DEATH _____ DATE OF _____

20. WAS THERE AN AUTOPSY? _____

21. WHAT TEST CONFIRMED DIAGNOSIS? _____

(Signed) Dr. Bedford M. D.
3/6 1930 (Address) Jefferson

*State the DISEASE CAUSING DEATH or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

22. PLACE OF BURIAL, CREMATION, OR REMOVAL New Salem Cem DATE OF BURIAL March 7 1930

23. UNDERTAKER Hawson-Dames ADDRESS Jefferson Mo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION in plain terms, so that it may be properly classified. PHYSICIANS should state EXACTLY. AGE should be stated EXACTLY. Every item of information should be carefully supplied. N. B.—Every item of information should be carefully supplied. Exact statement of OCCUPATION in plain terms, so that it may be properly classified. PHYSICIANS should state EXACTLY. AGE should be stated EXACTLY. Every item of information should be carefully supplied.

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