

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

Do not use this space.

4699

1. PLACE OF DEATH

County..... Jackson
Township..... Spain
City..... St J

Registration District No. 399
Primary Registration District No. 2007
(No. 3401 Olive St)

File No. 488
Registered No. 488
St. _____ Ward _____

2. FULL NAME

Mrs Harriett M Johnston
(a) Residence. No. 3401 Olive St. _____ Ward. _____
(Usual place of abode)

Length of residence in city or town where death occurred 40 yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE wh 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF J M Johnston

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct 28th 1855

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
73 3 5

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work at Home
(b) General nature of industry, business, or establishment in which employed (or employer) ✓
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) _____ (STATE OR COUNTRY) Ga

PARENTS

10. NAME OF FATHER Thos Lyon

11. BIRTHPLACE OF FATHER (CITY OR TOWN) _____ (STATE OR COUNTRY) Ga

12. MAIDEN NAME OF MOTHER Harriett Pettigrew

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

14. INFORMANT Maudie Johnston (Address) 3401 Olive St

15. FILED 7/3 1927 M. M. Crow REGISTRAR Asst

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 7/27 1927
17. 3

I HEREBY CERTIFY, That I attended deceased from Jacobs _____ 1927, to July 26, 1927 that I last saw her alive on June 2, 1927, and that death occurred, on the date stated above, at 1138 m.

THE CAUSE OF DEATH WAS AS FOLLOWS:
928 Acute Hemorrhage
87A
97/00
CONTRIBUTORY (SECONDARY) Endocarditis Chronica
Arterio Sclerosis (duration) 5 yrs. mos. da.

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

DID AN OPERATION PRECEDE DEATH? No DATE OF _____

19. WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS usual Lab
(Signed) B. M. Tuberman M. D.
7/3 1927 (Address) 308 Bryant St

*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.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Memorial Park Cem DATE OF BURIAL 7/4/27 1927

20. UNDERTAKER W. F. Mayberry ADDRESS St J City

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.

THIS IS A PERMANENT RECORD

Dr. Luberman
308 Broadway (Bldg)
Mar 22 12