OCT 24 1927

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

Do not use this space.

26599

85

1. PLACE OF DEATH

County Buchanan — Registration District No. 1001 — File No.

Township — Primary Registration District No. — Registered No. 1003

City St. Joseph (No. Memorial Home, 1120 Main St. Ward)

2. FULL NAME Emily A. Johnson,

(a) Residence. No. 1120 Main St., Ward. (If nonresident give city or town and State)
(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.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan. 26, 1848

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
	79	8	3	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work None

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

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Bath, (STATE OR COUNTRY) England,

PARENTS

10. NAME OF FATHER Harris Smith,

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Bath, (STATE OR COUNTRY) England,

12. MAIDEN NAME OF MOTHER Amity Edwards,

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Bath, (STATE OR COUNTRY) England,

14. INFORMANT Memorial Home Records (Address) 1120 Main Street.

15. FILED OCT 1 1927 John G. Utz REGISTRAR

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MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept. 29, 1927

17. I HEREBY CERTIFY, That I attended deceased from Sept 1, 1927, to Sept 29, 1927 that I last saw her alive on Sept 29, 1927, and that death occurred, on the date stated above, at 6 A. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS: Endocarditis Chronic

92A
56E
90A

(duration) yrs. 6 mos. ds.

CONTRIBUTORY (SECONDARY) Rheumatism

(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH? —

0 DID AN OPERATION PRECEDE DEATH? no DATE OF

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Clinical

(Signed) Wolle Ramsey, M. D

Sept 30, 1927 (Address) Kirkpatrick Bldg

*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	DATE OF BURIAL
Mount Mora Cemetery	Oct. 1, 1927

20. UNDERTAKER	ADDRESS
Heaton-Be Gole Und. Co. by J. W. Harle	319 S. 10 St.

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.