

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

Do not use this space.

29420

**1. PLACE OF DEATH**

County Adair  
Township Polk  
City Wentz (No. ....)

Registration District No. 904  
Primary Registration District No. 5-803

File No. ....  
Registered No. ....  
St. .... Ward)

**2. FULL NAME**

Elizabeth Johnson

(a) Residence. No. .... St. .... Ward. ....  
(Usual place of abode)

Length of residence in city or town where death occurred 1 yrs. 7 mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX woman 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan 29-1852

7. AGE 70 YEARS MONTHS 8 DAYS 13 IF LESS than 1 day, .... hrs. or .... min.

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work House Wife  
(b) General nature of industry, business, or establishment in which employed (or employer) .....  
(c) Name of employer .....

9. BIRTHPLACE (CITY OR TOWN) Terre Haute  
(STATE OR COUNTRY) Indiana

10. NAME OF FATHER Bennville Guise

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

12. MAIDEN NAME OF MOTHER Mary Wessell 10-41, 1999 (Address)

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

14. INFORMANT Mrs. S. C. Copps  
(Address) Macon, Mo.

15. FILED 10-27-27 M. B. Johnson  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct 12 1927

17. I HEREBY CERTIFY, That I attended deceased from .....  
....., 19....., to ..... 19....., and that  
that I last saw h..... alive on ..... 19....., at ..... m.  
death occurred, on the date stated above, at ..... m.

18. CAUSE OF DEATH\* WAS AS FOLLOWS:  
Bronchial Pneumonia  
107A 1000

19. CONTRIBUTORY (SECONDARY) Infant 7  
old age (duration) ..... yrs. .... mos. .... ds.

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

DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....

20. WAS THERE AN AUTOPSY? .....

21. WHAT TEST CONFIRMED DIAGNOSIS?  
(Signed) M. B. Johnson M. D.

\*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

Spring Oct 14 1927  
20. UNDERTAKER Jim Lown  
ADDRESS Wentz

COPIES OF DEATH IN plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

1928

