

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

Do not use this space.

32774

1. PLACE OF DEATH
 County..... Buchanan Registration District No. 85
 Township..... Primary Registration District No. 1001
 City..... St. Joseph, (No. Union Depot) St. _____ Ward _____

2. FULL NAME Mrs. Julie Johnson (Julia A. Johnson)
 (a) Residence. No. Hochensull Road St. _____ Ward. Havensville, Ks.
 (Usual place of abode) (If nonresident give city or town and State)
 Length of residence in city or town where death occurred yrs. mos. 1 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 OF (OR) WIFE OF
Elmer J. Johnson
 6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug, 21, 1875
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
52 2 21

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work Household
 (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)
Illinois

10. NAME OF FATHER Francis Cooper
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) N.Y.
 12. MAIDEN NAME OF MOTHER Unknown
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Unknown

14. INFORMANT Elmer J. Johnson
 Address Havensville, Ks.

15. FILED NOV 22 1927
John S. [Signature] REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov 12 19 27
 17. Deceased
 I HEREBY CERTIFY, That I attended deceased from Nov, 12, 1927, to _____, 19____, that I last saw h. _____ alive on _____, 19____, and that death occurred, on the date stated above, at _____ 7 a m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Addison Disease
68
 (duration) _____ yrs. 6 mos. _____ ds.
 CONTRIBUTORY (SECONDARY) 63
 (duration) _____ yrs. _____ mos. _____ ds.

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH.....
 19. DID AN OPERATION PRECEDE DEATH? Yes DATE OF _____
 WAS THERE AN AUTOPSY? Devised
 WHAT TEST CONFIRMED DIAGNOSIS? beer, History of Disease
 (Signed) W. Hays Caron, M. D.
11/12 1927 (Address) St Joseph Mo.
 *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 Holton, Kansas DATE OF BURIAL Nov, 12, 1927

20. UNDERTAKER Walter Meinhoffer ADDRESS 1302 Faraon 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.

PERMANENT RECORD

1928 JAN 3

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