

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

Do not use this space.

4106

MAR 16 1928

1. PLACE OF DEATH

County C Buchanan Registration District No. 85 File No. _____
 Township St. Joseph, Mo. Primary Registration District No. 1001 Registered No. 303
 City St. Joseph, Mo. (No. Missouri Methodist Hosp. Ward)

2. FULL NAME

Nancy Ann Johnson
 (a) Residence. No. Industrial City Ward. _____
 (Usual place of abode) (If nonresident give city or town and State)
 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 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 Chas. H. Johnson
 6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan 25 1854
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 74 | 0 | 21
 8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work Housewife
 (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) Ohio
 10. NAME OF FATHER John Thompson
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Ohio
 12. MAIDEN NAME OF MOTHER Emma Thompson
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Ohio

14. INFORMANT Charles Johnson
 (Address) Industrial City 700 S
 15. FILED Feb 17 1928 REGISTRAR J. M. G. W.

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MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Febr. 16 1928
 17. I HEREBY CERTIFY, That I attended deceased from 2-11 1928 to Feb. 16 1928
 that I last saw her alive on 2-16 1928, and that death occurred, on the date stated above, at 2:15 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS
Empyema of Left Pleural Cavity
108 101A
110A (duration) yrs. mos. 14 da.
 CONTRIBUTORY Sobar Pneumonia (SECONDARY) (duration) yrs. mos. 21 da.

18. WHERE WAS DISEASE CONTRACTED Tarbis, Mo.
 IF NOT AT PLACE OF DEATH: _____
 2 DID AN OPERATION PRECEDE DEATH? yes DATE OF 2-13-1928
 WAS THERE AN AUTOPSY? no DATE OF 2-8-1928
 WHAT TEST CONFIRMED DIAGNOSIS? Operation & Clinical
findings (Signed) Charles P. Miller M. D.
Feb. 17, 1928 (Address) 731 Faram St. Joplin, 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 Memorial Park Cem DATE OF BURIAL Febr. 18 1928
 20. UNDERTAKER E. G. Sidenfaden ADDRESS 602 S. 10

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. PHYSICIANS should state EXACTLY. DO NOT SIGN UNLESS YOU ARE A PHYSICIAN.

