

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

Do not use this space.

16186

1. PLACE OF DEATH

County, Buchanan
Towship,
City, St. Joseph, (No. 214 North 20th.)

Registration District No. 85
Primary Registration District No. 1001

File No.
Registered No. 575
St. Ward)

2. FULL NAME Anna E. Johnson,

(a) Residence. No. 214 North 20th. St., Ward.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 57 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Widowed,</u>
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5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF (OR) WIFE OF John W. Johnson,

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb. 4, 1843

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>85</u>	<u>3</u>	<u>3</u>	<u>—</u>

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) Leesburg,
(STATE OR COUNTRY) Ohio,

10. NAME OF FATHER Eli Milner,

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Leesburg,
(STATE OR COUNTRY) Ohio,

12. MAIDEN NAME OF MOTHER Mary Worthington,

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Leesburg,
(STATE OR COUNTRY) Ohio,

14. INFORMANT J. M. Johnson
(Address) 214 North 20th Street,

15. FILED 8 1928
John J. [Signature] REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 7, 1928

17. I HEREBY CERTIFY That I attended deceased from March 24, 1928 to May 7, 1928
that I last saw her alive on May 1, 1928, and that death occurred, on the date stated above, at 11:25 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Fracture of left hip from fall on floor (accidental)
18617
19425

CONTRIBUTORY (SECONDARY) General Senility
(duration) 3 yrs. 0 mos. 0 ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH
HAD AN OPERATION PRECEDE DEATH? no DATE OF
WAS THERE AN ANESTHESIA? no

WHAT TEST CONFIRMED DIAGNOSIS. Signs & Symptoms
(Signed) Clarence A. Good M. D.

May 7, 1928 (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 Leesburg, Ohio, **DATE OF BURIAL** May 10, 1928

20. UNDERTAKER Heaton & Gole & Burman
by J. H. Hare Funeral Home
ADDRESS 519 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.

