

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

Do not use this space.

16204

**1. PLACE OF DEATH**

County Rochester

Registration District No. 85

Township .....

Primary Registration District No. 1001

City St. Joseph, Mo.

(No. 2410, Walnut)

File No. ....

Registered No. 594

St. .... Ward)

**2. FULL NAME**

Leticia Arabelle Johnson

(a) Residence. No. 2410 Walnut St., ..... Ward.

(If nonresident give city or town and State)

Length of residence in city or town where death occurred 24 yrs. 0 mos. 0 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) Widow

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) November 1, 1885

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 73 | 6 | 7

8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work Home (b) General nature of industry, business, or establishment in which employed (or employer) ✓ (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Denver (STATE OR COUNTRY) Missouri

PARENTS

10. NAME OF FATHER James Womack

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

12. MAIDEN NAME OF MOTHER Edith Garrison

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

14. INFORMANT E.S. Johnson (Address) St. Joseph, Mo.

15. FILED May 10 1928 John H. Gith REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 8, 1928

17. I HEREBY CERTIFY, That I attended deceased from April 8 1928, to May 8 1928, that I last saw her alive on May 8 1928, and that death occurred, on the date stated above, at 5:40 p.m.

18. THE CAUSE OF DEATH\* WAS AS FOLLOWS: Carcinoma of stomach (Pylor.)

CONTRIBUTORY (SECONDARY) 46.13 (duration) yrs. mos. ds.

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

DID AN OPERATION PRECEDE DEATH? No DATE OF.....

WAS THERE AN AUTOPSY? No

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

May 9, 1928 (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 Memorial Park DATE OF BURIAL May 11 1928

20. UNDERTAKER Pleeman Funeral Home ADDRESS Francis 1208

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.

RECORD

Handwritten scribbles and marks, possibly including the number '1'.