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

Do not use this space.

20454

1. PLACE OF DEATH

County Harrison — Registration District No. 335 — File No. 8

Township Colfax — Primary Registration District No. 5469 — Registered No.

City ~~Andover~~ (No. 2 mile so. St. Ward)

2. FULL NAME Johanna Mary Johnson

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

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U.S., if of foreign birth? 47 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: August Johnson

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Sept. 17th 1860

7. AGE: Years 67, Months 6, Days 17 — If LESS than 1 day, hrs. or min.

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) West Betterna, Tolando (STATE OR COUNTRY) Sweden

PARENTS

10. NAME OF FATHER: John Swenson

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

12. MAIDEN NAME OF MOTHER: Christina Borgeson

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

14. INFORMANT: August Johnson (Address) Andover, Missouri.

15. FILED 6/5 1928 L. J. Easter REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): June 4th 1928

17. I HEREBY CERTIFY, That I attended deceased from Jan 28, 1927, to June 4, 1928, that I last saw her alive on July 20, 1927, and that death occurred, on the date stated above, at 2-15 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Urenic poisoning

59

1338

57

(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY): Diabetes Mellitus

(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH?

8 DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS? Urin test

(Signed) Bertha A Greer, M. D

June 5th 1928 (Address) Lamoni, Iowa.

*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: Lamoni, Iowa. — DATE OF BURIAL: June 1928

20. UNDERTAKER: A. Otis White — ADDRESS: Lamoni, Iowa

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.