

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

Do not use this space.

26534

**1. PLACE OF DEATH**

County Buchanan  
Township St. Joseph,  
City (No. 1014 North 3rd.

**85**  
Registration District No. 1001  
Primary Registration District No. 1014 North 3rd.

File No. \_\_\_\_\_  
Registered No. 1018  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME** Bertha Belle Johnson,

(a) Residence. No. 1014 North 3rd. St. \_\_\_\_\_ Ward. \_\_\_\_\_  
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

**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 or (OR) WIFE of Arthur W. Johnson,

6. DATE OF BIRTH (MONTH, DAY AND YEAR) April 28, 1889

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	39	3	27	

**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) Cameron,  
(STATE OR COUNTRY) Missouri,

10. NAME OF FATHER Charles O. Howenstein

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

12. MAIDEN NAME OF MOTHER Martha Pollard,

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

14. INFORMANT Mrs. M. Johnson  
(Address) 1014 North 3rd Street.

15. FILED 25 1928  
John S. [Signature] REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug 25, 1928

17. I HEREBY CERTIFY That I attended deceased from Aug 16, 1928 to Aug 26, 1928 that I last saw her alive on Aug 24, 1928, and that death occurred, on the date stated above, at 6:40 a.m.

18. THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Chronic nephritis  
(duration) 9 yrs. mos. da.

CONTRIBUTORY (SECONDARY) Pregnancy, Feb. 15, 1928  
(duration) 9 yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED  
IF NOT AT PLACE OF DEATH? 148

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

WAS THERE AN AUTOPSY? No.

WHAT TEST CONFIRMED DIAGNOSIS? Clinical + Laboratory  
(Signed) Rosal Depp M. D.

\*State the DISEASE CAUSING DEATH, or in death from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Cameron, Mo. via Auto DATE OF BURIAL Aug. 27th 1928

20. UNDERTAKER Heaton Bittol Bowman ADDRESS 319 S. 10 St.  
2439 E. Kase Lawrence Home

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.

PROPERTY OF THE MISSOURI STATE BOARD OF HEALTH. THIS IS A PERMANENT RECORD.

SEP 24 1928

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