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

Do not use this space.

7899

1. PLACE OF DEATH
County ST. LOUIS
Township CARONDELET
City MOUNT ST. ROSE
Registration District No. 1123
Primary Registration District No. 6248
File No.
Registered No. 93
(No. St. Ward)

2. FULL NAME Mrs Edna Johnson
(a) Residence. No. 218½ S Main St St., Ward. Hannibal Mo
(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 W
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 4-7-1906

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
22	10		

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Hannibal Mo
(STATE OR COUNTRY)

PARENTS
10. NAME OF FATHER James Edwards
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY) Missouri
12. MAIDEN NAME OF MOTHER Pauline Schilling
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) Missouri

14. INFORMANT Edward Johnson
(Address) Hannibal Mo.

15. FILED Feb. 28 1929 L. C. Obrock M.D. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb 28 1929

17. I HEREBY CERTIFY, That I attended deceased from 5-6-28, 19, to 2-28, 1929 that I last saw her alive on 2-27, 1928, and that death occurred, on the date stated above, at 3.30 A.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

CHRONIC PULMONARY TUBERCULOSIS

23A (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) TUBERCULOUS LARYNGITIS (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? Various
(Signed) Louis C. Borchmer, M. D
, 19 (Address) MOUNT ST. ROSE

*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 Deslodge Mo
DATE OF BURIAL March 4 1929

20. UNDERTAKER Bayer Und. Co.
ADDRESS Deslodge Mo.

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.

MAR 27 1929

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