

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

Do not use this space.

28185

**1. PLACE OF DEATH**

County Johnson. Registration District No. 431  
Township Warrensburg, Primary Registration District No. 3023  
City Warrensburg, (No. ....) St. .... Ward)

File No. ....  
Registered No. ....  
St. .... Ward)

**2. FULL NAME** Alice Johnson, Benton,

(a) Residence. No. End O Gay St. .... Ward. ....  
(Usual place of abode)  
Length of residence in city or town where death occurred 10 yrs. .... mos. .... ds. How long in U.S., if of foreign birth? yrs. .... mos. .... ds. (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <u>F</u>	4. COLOR OR RACE <u>W</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 R. H. Benton,

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Mar, 21. 1956

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, .... hrs. or .... min.
	<u>73</u>	<u>4</u>	<u>18</u>	

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

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

10. NAME OF FATHER Wesley Johnson

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

12. MAIDEN NAME OF MOTHER Sarah Snider

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

14. INFORMANT Mrs J. R. Cokefair  
(Address) Warrensburg, Mo.

15. FILED Aug 10 1929 Wm Patterson  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug, 9. 1929 19

17. I HEREBY CERTIFY, That I attended deceased from Jan 2, 1929, to Aug 9, 1929 that I last saw h. .... alive on Aug 9, 1929, and that death occurred, on the date stated above, at 5-30 A. m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Chronic Myocarditis & Arteriosclerosis

93C  
97 (duration) 2 yrs. .... mos. .... ds.  
CONTRIBUTORY Chronic Myocarditis & Arteriosclerosis (SECONDARY)  
Arteriosclerosis (duration) 2 yrs. .... mos. .... ds.

18. WHERE WAS DISEASE CONTRACTED

IF AT A PLACE OF DEATH  
DID AN OPERATION PRECEDE DEATH? no DATE OF no  
WAS THERE AN AUTOPSY no  
WHAT TEST CONFIRMED DIAGNOSIS Chronic  
(Signed) L. H. Cluff, M. D.  
Aug 10, 1929 (Address) Warrensburg, 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 Greenton Cem  
Lafayette Co, Mo. DATE OF BURIAL 10 1929

20. UNDERTAKER S. R. Sweeney, Warrensburg, Mo  
ADDRESS

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.

FILED 1929  
51  
7  
4

275  
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