

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

Do not use this space.

31118

**1. PLACE OF DEATH**

County Jasper  
Township Benton  
City Jasper (No. ....)

Registration District No. 410  
Primary Registration District No. 5566

File No. ....  
Registered No. 14  
St. .... Ward)

**2. FULL NAME**

Mattie May Johnson  
(a) Residence. No. .... St. .... Ward.  
(Usual place of abode)

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 F 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 Dan Johnson

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 11 1888

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
41 2 11

**8. OCCUPATION OF DECEASED**

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

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

10. NAME OF FATHER Wm. Strecker

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

12. MAIDEN NAME OF MOTHER Pellie Hollman

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

14. INFORMANT D. M. Johnson (Address) Jasper Mo

15. FILED Sept 29 1929 A. A. Holmes REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept 22 - 1929

17. I HEREBY CERTIFY, That I attended deceased from 9-1-1929 to 9-22-1929 that I last saw her alive on 9-22-1929, and that death occurred, on the date stated above, at 3-15-0 p. m.

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

Paresis - Organic Brain Disease

CONTRIBUTORY (SECONDARY) None (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) W. H. Knott, M. D.

9-24-1929 (Address) Jasper, 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 DATE OF BURIAL

Mitchel Cem. Sept 24 1929

20. UNDERTAKER Teeter Bros ADDRESS Jasper 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.

