

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

Do not use this space.

33210

1. PLACE OF DEATH

County Carroll Registration District No. 135
Township Lugartree Primary Registration District No. 0791
City..... (No..... St..... Ward)

File No.....
Registered No. 113

2. FULL NAME

Mary E 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 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

16. DATE OF DEATH (MONTH, DAY AND YEAR) 10 - 14 19 29

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

17. I HEREBY CERTIFY, That I attended deceased from Jun 16, 1929 to Oct 14, 1929 that I last saw her alive on Oct 14, 1929 and that death occurred, on the date stated above, at 11 A m.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 5 - 26 - 1871

THE CAUSE OF DEATH* WAS AS FOLLOWS:

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
58 4 18

Carcinoma of Stomach
WOB
admt (duration) 1 yrs. mos. ds.

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.....

CONTRIBUTORY (SECONDARY) (duration) yrs. mos. ds.

9. BIRTHPLACE (CITY OR TOWN) Carroll Co (STATE OR COUNTRY) Mo

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

10. NAME OF FATHER Weslie Christie

DID AN OPERATION PRECEDE DEATH? no DATE OF..... WAS THERE AN AUTOPSY? no

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

WHAT TEST CONFIRMED DIAGNOSIS? (Signed) Wesley M. Waverly, M. D.

12. MAIDEN NAME OF MOTHER Martha Hood

10-14, 1929 (Address) Waverly Mo

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

*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.

14. INFORMANT Martin B Johnson (Address) Carrollton Mo

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Gilledad Cem DATE OF BURIAL 10-16 1929

15. FILED 10-14, 1929 Mrs. E. E. Fambrian REGISTRAR

20. UNDERTAKER Stanley ADDRESS Carrollton

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

