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.

MAY 23 1930

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

Do not use this space.

11892

1. PLACE OF DEATH
County Callaway Co. Registration District No. 104
Township Fulton Mo Primary Registration District No. 3008
City (No. ..... St. ..... Ward)

File No. .....
Registered No. 91

2. FULL NAME Julia Johnston
(a) Residence. No. Jackson Co. Ch. Mo St., ... Ward. State Hospital No 1
(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. 3 mos. — ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
4. COLOR OR RACE Black
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widow

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

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

7. AGE Abt 63 YEARS MONTHS — DAYS — If LESS than 1 day, ... hrs. or ..... min.

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

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

PARENTS
10. NAME OF FATHER DK
11. BIRTHPLACE OF FATHER (CITY OR TOWN) DK
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER DK
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) DK
(STATE OR COUNTRY)

14. INFORMANT Records Hospital No 1
(Address) Fulton Mo

15. FILED Apr 26 30 R. N. Crews REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 25 1930

17. I HEREBY CERTIFY, That I attended deceased from Nov 8th, 1929, to April 25, 1930 that I last saw her alive on April 25, 1930, and that death occurred, on the date stated above, at 11 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Tuberculosis Lungs
23A
(duration) ..... yrs. 3 mos. ..... ds.

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

18. WHERE WAS DISEASE CONTRACTED DK
IF NOT AT PLACE OF DEATH .....
(a) DID AN OPERATION PRECEDE DEATH? No DATE OF —
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Clinical & Laboratory
(Signed) D. H. Young, M. D.
, 19 (Address) State Hospital No 1

*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. Fulton Mo

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Kansas City, Mo,
DATE OF BURIAL D,K, 19

20. UNDERTAKER Herndon-Taylor Furn-Co,
ADDRESS Fulton, Mo,