JUN 24 1930

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

Do not use this space.

15430

1. PLACE OF DEATH
County Buchanan Registration District No. 86 File No.
Township Washington Primary Registration District No. 5127 Registered No. 39
City ~~St Joseph, Mo.~~ (No. Armour and Company St. Ward)

2. FULL NAME Mary Johnston
(a) Residence. No. 715 Mary 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

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) August 15 1897

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
32	8	23	

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

9. BIRTHPLACE (CITY OR TOWN) Unknown
(STATE OR COUNTRY) Poland

PARENTS
10. NAME OF FATHER John Chmeilovic
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Unknown
(STATE OR COUNTRY) Poland
12. MAIDEN NAME OF MOTHER Anna Piehocki
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Unknown
(STATE OR COUNTRY) Poland

14. INFORMANT Mr John Johnson
(Address) St Joseph Mo.

15. FILED 5-10, 1930 J J Bauschek REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 8, 1930

17. I HEREBY CERTIFY, That I attended deceased from Viewed on ....., 19....., to ....., 19.....
that I last saw h..... alive on ....., 19..... and that death occurred, on the date stated above, at 3:30 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Injuries received in Explosion at Armour's Packing Co. Cause of Gas. Unknown (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) 1948 (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) Coroner M. D.
5/10, 1930 (Address) St Joseph 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 Mt. ~~Olivet~~ Mora
DATE OF BURIAL May 12 1930

20. UNDERTAKER Fleeman Funeral Home
ADDRESS 1946 Coal Avenue

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.