

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

Do not use this space.

18715

**1. PLACE OF DEATH**

County Buchanan  
Township St. Joseph  
City St. Joseph

Registration District No. 85  
Precinct Registration District No. 1001  
(No. State Hospital #2 St. Ward)

File No. \_\_\_\_\_  
Registered No. 745

**2. FULL NAME**

(a) Residence. No. Kansas City, Mo. Ward. \_\_\_\_\_  
(Usual place of abode)

Length of residence in city or town where death occurred 4 yrs. 16 mos. 16 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

**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>Married</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>A. W. Johnson</u>				
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>April 11, 1884</u>				
7. AGE	YEARS <u>46</u>	MONTHS <u>2</u>	DAYS <u>16</u>	IF LESS than 1 day, ..... hrs. or ..... min.

**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) (STATE OR COUNTRY)**

Scottsbluff Kan.

PARENTS

10. NAME OF FATHER <u>Russie Starkey</u>
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Iowa</u>
12. MAIDEN NAME OF MOTHER <u>Rhea Pusey</u>
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Iowa</u>

14. INFORMANT Alb. Johnson  
3924 Woodland, R. C. Mo.

15. FILED 27 1930  
John G. [Signature] REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 27th 1930

17. I HEREBY CERTIFY, That I attended deceased from Mo. Land, 1930, to June 27th 1930, that I last saw h.e.l. alive on June 26th 1930, and that death occurred, on the date stated above, at 12:05 - a.m.

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

Tuberculosis Pul.

**CONTRIBUTORY (SECONDARY)**

Insanity (duration) yrs. mos. ds.  
3 1/2

**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? Chemical  
(Signed) D. J. [Signature] M. D.

\*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 <u>Hutchinson, Mo.</u>	DATE OF BURIAL <u>June 27 1930</u>
20. UNDERTAKER <u>E. G. Sidenfaden</u>	ADDRESS <u>602 So. 10</u>

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.

JUL 21 1930

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