

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

Do not use this space.

25605

**1. PLACE OF DEATH**

County Shelby  
Township Jaycox  
City Shelby (No. \_\_\_\_\_)

Registration District No. 833  
Primary Registration District No. 6096

File No. \_\_\_\_\_  
Registered No. \_\_\_\_\_  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Ammanda Maria 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. (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) April 30 1863

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
67 3 1

**8. OCCUPATION OF DECEASED**

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

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

10. NAME OF FATHER Ab. Hunsaker

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Novelty  
(STATE OR COUNTRY) Knox Co Mo

12. MAIDEN NAME OF MOTHER Elchta Hunsaker

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Novelty Mo  
(STATE OR COUNTRY) Knox Co Mo

14. INFORMANT Gene Howerton  
(Address)

15. FILE Aug 19 30 E. H. Leonard  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 31 1930

17. I HEREBY CERTIFY, That I attended deceased from Nov 30 1929 to July 31 1930  
that I last saw her alive on July 21 1930 and that death occurred, on the date stated above, at 7:30 P.M.

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

Myocard Regurgitation

92 A (duration) yrs. mos. ds.

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

**18. WHERE WAS DISEASE CONTRACTED**

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? DATE OF \_\_\_\_\_

WAS THERE AN AUTOPSY? \_\_\_\_\_

WHAT TEST CONFIRMED DIAGNOSIS clinical  
(Signed) E. H. Leonard, M. D.

(Address) 1930 E. Leonard 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 Cochran Cemetery DATE OF BURIAL 8/2 1930

20. UNDERTAKER Brothers & Irwin ADDRESS Novelty 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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

102  
1930

