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

Do not use this space.

40087

JAN 20 1931

1. PLACE OF DEATH
County Marion — Registration District No. 547 — File No.
Township Mason — Primary Registration District No. 3029 — Registered No. 322
City Hannibal (No. The Home St. 6th Ward)

2. FULL NAME Edna Johnson
(a) Residence. No. The Home St., 6th 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): Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Not known 1857

7. AGE: 73 YEARS — MONTHS — DAYS — If LESS than 1 day, ... hrs. or ..... min.

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

9. BIRTHPLACE (CITY OR TOWN) Not known
(STATE OR COUNTRY) Lewis Co. Missouri

PARENTS
10. NAME OF FATHER Ansel Clark Johnson
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Not known
(STATE OR COUNTRY) Kentucky
12. MAIDEN NAME OF MOTHER Lucinda Sinclair
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Marietta
(STATE OR COUNTRY) Ohio

14. INFORMANT Mr Sam Johnson
(Address) Tuscumbia, Missouri

15. FILED Dec 19 1930 C E Cousins REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) December 18 1930

17. I HEREBY CERTIFY, That I attended deceased from Dec 13, 1930, to Dec. 17, 1930, that I last saw her alive on Dec 12/17, 1930, and that death occurred, on the date stated above, at 6:45 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Pneumonia
Lobar. left lower lobe
108 (duration) yrs. mos. 4 ds.

CONTRIBUTORY (SECONDARY) 10/10 (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? Clinical
(Signed) Wm H Hays, M. D.
, 19 (Address) Hannibal 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: Riverside — DATE OF BURIAL: Dec 20 1930

20. UNDERTAKER: Wm M Smith — ADDRESS 902 Broadway Hannibal 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.

Judith Dairy