

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

Do not use this space.

10329

**1. PLACE OF DEATH**

County Jasper  
Township Jasper  
City Carl Junction (No. .... St. .... Ward)

Registration District No. 406  
Primary Registration District No. 4240

File No. ....  
Registered No. 10  
St. .... Ward)

**2. FULL NAME**

(a) Residence. No. .... St. .... Ward.  
(Usual place of abode)

Length of residence in city or town where death occurred 40 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 White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept 20 - 1853

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, .... hrs. or .... min.  
77 6 2

**8. OCCUPATION OF DECEASED**

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

9. BIRTHPLACE (CITY OR TOWN) Prick Island Ill.  
(STATE OR COUNTRY)

10. NAME OF FATHER Jessie Gray

11. BIRTHPLACE OF FATHER (CITY OR TOWN) no record  
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER S. Sybley

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Mass  
(STATE OR COUNTRY)

14. INFORMANT Mrs. Adelaide Greene  
(Address) Carl Jct. Mo.

15. Mar 24 1931 C. W. Rowley  
REGISTRAR

**2 MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Mar. 22 1931

17. I HEREBY CERTIFY, That I attended deceased from Sept 15, 1920, to Mar. 22, 1931, that I last saw him alive on Mar. 22, 1931, and that death occurred, on the date stated above, at 9:45 p.m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Angina Pectoris  
94 B  
94 B  
Insulin (duration) yrs. mos. ds.

CONTRIBUTORY Thrombus of Coronary Artery  
(SECONDARY) (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED  
IF NOT AT PLACE OF DEATH.....

8 DID AN OPERATION PRECEDE DEATH..... DATE OF .....

WAS THERE AN AUTOPSY.....

WHAT TEST CONFIRMED DIAGNOSIS.....

(Signed) A. Benson Classen, M.D.

Mar 23 1931 (Address) Joplin 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 Carl Junction Mo. DATE OF BURIAL Mar 25 1931

20. UNDERTAKER C. W. Rowley ADDRESS Carl Jct. 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.

APR 23 1931

PARENTS

