

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

Do not use this space.

22415

1. PLACE OF DEATH

County Pike Registration District No. 689
 Township Buffalo Primary Registration District No. 5917
 City Stekery Grove St. _____ Ward _____

2. FULL NAME Emmac Frances Johnston

(a) Residence, No. Stekery Grove 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 <u>Female</u>	4. COLOR OR RACE <u>White</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>John Henry Johnston</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>3/12-72</u>		
7. AGE	YEARS	MONTHS
	<u>59</u>	<u>2</u>
		DAYS
		<u>17</u>
		If LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	
	10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Pike Co Mo</u>		
FATHER	13. NAME <u>Thomas Benton Young</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Pike Co Mo</u>	
MOTHER	15. MAIDEN NAME <u>Emily Frances Moore</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Pike Co Mo</u>	
17. INFORMANT (ADDRESS) <u>John H Johnston</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>6111/31 Johnston</u>		
19. UNDERTAKER (ADDRESS) <u>JCHaugh Louisiana Mo</u>		
20. FILED <u>6/10</u> <u>121 JCHaugh</u> Registrar.		

1 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6/9 1931

22. I HEREBY CERTIFY, That I attended deceased from 5-16 31, to 6-9 31, 1931
 I last saw her alive on 6-9 31, 1931. Death is said to have occurred on the date stated above, at 5:00 p.m.
 The principal cause of death and related causes of importance were as follows:
Arterial Sclerosis
 Date of onset _____

Other contributory causes of importance:
97

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____
 Where did injury occur? _____
 (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No
 If so, specify _____
 (Signed) JH Miller, M. D.
 (Address) Louisiana Mo

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.

AUG 29 1931

