

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

Do not use this space.

26529

1. PLACE OF DEATH

49 County Jasper
Township Merced
City Proctor Hospital (No.)

Registration District No. 413
Primary Registration District No. 6554c

File No.
Registered No. 27
St. Ward

2. FULL NAME

Mrs Josephine Johnson
(a) Residence. No. 307 Byers Dr. Ward. Jasper
(Usual place of abode)

(If board resident, give city or town and State)

Length of residence in city or town where death occurred 1 yrs. 8 mos. 6 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 Widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept 10 - 1890

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
41 10 29

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Nurse 247
(b) General nature of industry, business, or establishment in which employed (or employer).....
(c) Name of employer.....

9. BIRTHPLACE (CITY OR TOWN) West City Mo
(STATE OR COUNTRY)

PARENTS
10. NAME OF FATHER Thos Martin
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Iowa
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER Laura Hobbs
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Mo
(STATE OR COUNTRY)

14. INFORMANT Records
(Address)

15. FILED 8/10 1932 J E Weaver
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug 9 1932

17. I HEREBY CERTIFY, That I attended deceased from Dec 2, 1930, to Aug 9, 1932
that I last saw h. alive on Aug 9, 1932, and that death occurred, on the date stated above, at 12 35 m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Pulmonary Tuberculosis
237 (duration) 2 yrs. 6 mos. ds.

CONTRIBUTORY (SECONDARY) 23
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH Unknown

DID AN OPERATION PRECEDE DEATH? No. DATE OF ①

WAS THERE AN AUTOPSY? No.

WHAT TEST CONFIRMED DIAGNOSIS Positive Sputum

(Signed) Jas E. Sampson M. D.
8/9 1932 (Address) West City

*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 Mt. Hope DATE OF BURIAL Aug 12 1932

20. UNDERTAKER Steele Ind. Co. West City Mo ADDRESS

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.

SEP 23 1932

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Handwritten scribbles or marks, possibly initials or a signature, located in the bottom right corner of the page.