

WRITE PAINLY, 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.

OCT 27 1932

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

Do not use this space.

29793

1. PLACE OF DEATH
 64 County Marion Registration District No. 547
 1 Township Mason Primary Registration District No. 3079
 8 City Hannibal (No. ~~1000~~ Levee Hospital St. _____ Ward _____)

2. FULL NAME Kathryn Johnson
 (a) Residence, No. 1009 Lindell 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF John

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 24, 1898

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
34 1 9

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 235

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) Ill 2

MOTHER / FATHER

13. NAME Theodore Feiler

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill

15. MAIDEN NAME Cora Hoskins

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill

17. INFORMANT John Johnson
 (ADDRESS) 1009 Lindell Ave Hannibal Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt Olivet DATE 9/6/1932

19. UNDERTAKER James O'Connell
 (ADDRESS) Hannibal Mo

20. FILED Sept 10, 1932 O. Coloussia
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 2nd, 1932

22. I HEREBY CERTIFY, That I attended deceased from 9-1, 1932, to 9-2, 1932
 I last saw her alive on 9-2, 1932 Death is said to have occurred on the date stated above, at 11:30 a.m.
 The principal cause of death and related causes of importance were as follows:
Peritonitis
1713
109 1/2 1 1
 Other contributory causes of importance: Appendicitis 830-32
 Name of operation Appendectomy Date of 9-1-32
 What test confirmed diagnosis? Operative 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? _____
 If so, specify _____
 (Signed) J. H. Cardey, M. D.
 (Address) Hannibal Mo

