

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.

OCT 28 1932

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

Do not use this space.

29846

1. PLACE OF DEATH
 69 County Monroe Registration District No. 581
 3 Township _____ Primary Registration District No. 4343
 2 City Monroe City (No. _____) St. _____ Ward _____

2. FULL NAME Anna B. Johnson
 (a) Residence, No. 112 3/4 St. _____ Ward _____
 (Usual place of abode)
 Length of residence in city or town where death occurred 20 yrs. 11 mos. 2 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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>L</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Nov. 11, 1846</u>				
7. AGE	YEARS <u>85-</u>	MONTHS <u>11</u>	DAYS <u>9</u>	If LESS than 1 day, hrs. or, min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____			
	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 _____	
MOTHER	12. BIRTHPLACE (CITY OR TOWN) <u>Philadelphia</u> (STATE OR COUNTRY) <u>Pa.</u>			
	FATHER	13. NAME <u>Daniel F. Johnson</u>		
		14. BIRTHPLACE (CITY OR TOWN) <u>New York</u> (STATE OR COUNTRY)		
	MOTHER	15. MAIDEN NAME <u>Francis Rebecca Graham</u>		
16. BIRTHPLACE (CITY OR TOWN) <u>Kentucky</u> (STATE OR COUNTRY)				
17. INFORMANT <u>Mrs. Alberta Schneider</u> (ADDRESS) <u>Monroe City, Mo.</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>St. Jude Cemetery</u> DATE <u>Sept. 22, 1932</u>				
19. UNDERTAKER <u>Nelson P. Son</u> (ADDRESS) <u>Monroe City, Mo.</u>				
20. FILED <u>Sept. 23, 1932</u> <u>O. W. Wilson</u> Registrar.				

MEDICAL CERTIFICATE OF DEATH

3
 21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 20, 1932
 I HEREBY CERTIFY, that I attended deceased from May 3rd to Sept 20, 1932
 I last saw her alive on Sept 19, 1932. Death is said to have occurred on the date stated above, at 1:30 p.m.
 The principal cause of death and related causes of importance were as follows:
Bronchial Pneumonia Sept 1932
95C
107A
106B
 Other contributory causes of importance:
Myocarditis - Chronic
Bronchitis 1910
 Name of operation _____ Date of _____
 What test confirmed diagnosis Physical Was there an autopsy? No
 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) John H. Hibbs, M. D.
 (Address) Monroe City, Mo.

