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.

JUL 22 1933

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

Do not use this space.

11992A

1. PLACE OF DEATH
County Saline — Registration District No. 801 — File No.
Township Salt Pond — Primary Registration District No. 4480 — Registered No.
City Sweet Springs (No. ..... St. ..... Ward)

2. FULL NAME Catherine Johnson
(a) Residence, No. ..... St., ... Ward. (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred yrs. mos. 14 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) Widow
5A. IF MARRIED, WIDOWED, OR DIVORCED ~~HUSBAND~~ OF (OR) WIFE OF Wm M Johnson
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 17 - 1851
7. AGE YEARS 82 MONTHS 2 DAYS 9 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeper
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home
10. Date deceased last worked at this occupation (month and year) Mar 14 1933
11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pettis Co mo

FATHER
13. NAME Clige Majors
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

MOTHER
15. MAIDEN NAME (First name Unknown) Wilson
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT (ADDRESS) W R Johnson, Bates City, mo
18. BURIAL, CREMATION, OR REMOVAL
PLACE Oak Grove DATE Mar 28 1933
19. UNDERTAKER (ADDRESS) Webb & Son, Oak Grove, mo
20. FILED Mar 27 1933 A H Ringen Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 26, 1933
22. I HEREBY CERTIFY, That I attended deceased from March 22, 1933, to March 26, 1933
I last saw her alive on March 25, 1933. Death is said to have occurred on the date stated above, at 4 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Aortic Regurgitation	Unknown
Other contributory causes of importance: Bronchopneumonia	Mar 24 1933

Name of operation None Date of —
What test confirmed diagnosis? Clinical 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 None
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) A H Ringen, M. D.
(Address) Sweet Springs, Mo