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

Do not use this space.

26869
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File No. ..... Registered No. .....

Registration District No. 461
Primary Registration District No. 3024

54 6 4

1. PLACE OF DEATH
County Lafayette
Township Lafayette
City Lexington (No. ....., ..... St. ..... Ward)

2. FULL NAME Hannah Johnson.

(a) Residence, No. North 8th Street 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. 54 mos. 5 ds. 3 How long in U. S., if of foreign birth? yrs. mos. ds.

SEP 26 1933

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: Col
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED ~~HUSBAND OF~~ (OR) WIFE OF: William Johnson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): March 8, 1879

7. AGE: Years 54 | Months 5 | Days 3 | If LESS than 1 day, ..... hrs. or ..... min.

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Missouri

FATHER
13. NAME: Dan Carey
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Missouri

MOTHER
15. MAIDEN NAME: Susie Jackson
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Missouri

17. INFORMANT (ADDRESS): William Johnson North 8th Street

18. BURIAL, CREMATION, OR REMOVAL
PLACE Forest Grove DATE Aug 13, 1933

19. UNDERTAKER (ADDRESS): Bailey & Grover 116 So 9th Street

20. FILED Aug 12, 1933 Jay Buell Bates Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): August 11, 1933

22. I HEREBY CERTIFY, That I attended deceased from July 26, 1933, to August 11, 1933, I last saw her alive on August 10, 1933. Death is said to have occurred on the date stated above, at 12 30 m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cerebral Haemorrhage | July 26, 1933 |

Other contributory causes of importance: Not anything to my knowledge

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) J. D. Ball, M. D.
(Address) Lexington, Mo

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.

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JUN 21 1944