

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

Do not use this space.

33-13

1. PLACE OF DEATH

County Johnson
Township _____
City Warrensburg (No. _____)

Registration District No. 431
Primary Registration District No. 3022

File No. _____
Registered No. _____
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred 20 yrs. mos. 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>male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Nancy Johnson</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Apr. 1 1855</u>		
7. AGE	YEARS <u>78</u>	MONTHS <u>6</u>
	DAYS <u>24</u>	IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Retired Farmer</u>	
	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
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Reidsville North Carolina</u>		
FATHER	13. NAME <u>Unknown</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>	
MOTHER	15. MAIDEN NAME <u>Unknown</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>	
17. INFORMANT (ADDRESS) <u>Miss Mabel Johnson Warrensburg, Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Grave Noster</u> DATE <u>Jan. 27 1933</u>		
19. UNDERTAKER (ADDRESS) <u>Sweeney - Phillips Warrensburg, Mo.</u>		
20. FILED <u>Oct 27 1933</u> <u>W. D. Allison</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 25 - 1933

22. I HEREBY CERTIFY, That I attended deceased from unwed today Oct 25 1933
I last saw h. _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at _____ m.
The principal cause of death and related causes of importance were as follows:
Accidentally Killed by MOP RR Train No. 15 at Station in Warrensburg
Date of onset 24

Other contributory causes of importance:
257 W. 207

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? accident Date of injury Oct 25 1933
Where did injury occur? at Depot Warrensburg (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury Train rolled along track
Nature of injury Whole body mangled

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify _____
(Signed) Wm R. Allison M. D.
(Address) Warrensburg Mo

MARGIN RESERVED FOR BINDING

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.

JAN 4 1934

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S. NO. 2

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