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.

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

Do not use this space.

35743

1. PLACE OF DEATH

County Buchanan — Registration District No. 85 — File No. 1[illegible]

Township — Primary Registration District No. 1001 — Registered No.

City St. Joseph, Mo. (No. 2615 Mitchell Ave., St. Ward)

2. FULL NAME Rebecca Johnston

(a) Residence, No. 2615 Mitchell Ave. 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. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

JAN 3

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 5, 1847

7. AGE: YEARS 86 — MONTHS 1 — DAYS 12 — 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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Platte City, Missouri

FATHER
13. NAME Robert Davis
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Kentucky

MOTHER
15. MAIDEN NAME Nancy Hartman
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Indiana

17. INFORMANT (ADDRESS) Miss Jessie Sutherland St. Joseph, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Platte City, Mo. DATE Nov. 18, 1933

19. UNDERTAKER (ADDRESS) Fleeman Mortuary, Inc., St. Joseph, Mo.

20. FILED NOV 17 1933 John R. Bender Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 17, 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov 12, 1933, to Nov 16, 1933

I last saw her alive on Nov 16, 1933. Death is said to have occurred on the date stated above, at 2:50 A.M.

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

	Date of onset
Cerebral Hemorrhage 82 A	Nov 12/33

Other contributory causes of importance:

Name of operation No — 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

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify

(Signed) Dr. Holme A.D. M.D.
(Address) St Joseph Mo