

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

Do not use this space.

39995

JAN 26 1934

PLACE OF DEATH

County Jackson Registration District No. 399
Township West Primary Registration District No. 11009
City Panama City (No. 1137 Pacific St.)

File No. 4792
Registered No. _____
St. _____ Ward _____

2. FULL NAME Mrs Amanda Johnson
(a) Residence, No. 1137 Pacific 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. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>F</u>	4. COLOR OR RACE <u>col</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widow</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>1-26-1876</u>		
7. AGE	YEARS <u>57</u>	MONTHS <u>10</u>
	DAYS <u>8</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>Laundress</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>Missouri</u>		
13. NAME		
FATHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Geo Washington</u>	
MOTHER	15. MAIDEN NAME <u>Mary Mandy</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Denbush</u>	
17. INFORMANT <u>Irene Drake</u> (ADDRESS) <u>1137 Pacific St</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Highland Cem</u> DATE <u>12-8-1933</u>		
19. UNDERTAKER <u>H B Moore</u> (ADDRESS) <u>1820 E 18 St</u>		
20. FILED <u>12-7-33</u> M. M. Kerowe Registrar		

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-4-1933

22. I HEREBY CERTIFY that I attended deceased from _____, 19____
I last saw him 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:
Resection of the peritoneum
Intestinal obstruction
Other contributory causes of importance:
25 25
1022 no 25

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

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?
If so, specify _____
(Signed) [Signature]
(Address) _____

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

MAKING RESERVED FOR BINDING

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.

U. S. NO. 2

