

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

Do not use this space.

MAR 24 1934

1. PLACE OF DEATH

County Marion
Township Liberty
City Palmyra

Registration District No. 548.
Primary Registration District No. 4323

File No. 1868-A
Registered No. 831
St. _____ Ward _____

2. FULL NAME Katharine Johnson

(a) Residence. No. _____ St. _____ Ward _____
(Usual place of abode)
Length of residence in city or town where death occurred 81 yrs. 5 mos. 24 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 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 Single

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 24, 1852

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, _____ hrs. or _____ min.
81 5 24

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. At Home
(b) General nature of industry, business, or establishment in which employed (or employer) _____
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) Palmyra
(STATE OR COUNTRY) Missouri

10. NAME OF FATHER Richard M. Johnson

11. BIRTHPLACE OF FATHER (CITY OR TOWN) _____
(STATE OR COUNTRY) Kentucky

12. MAIDEN NAME OF MOTHER Emily Bryan

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) _____
(STATE OR COUNTRY) Kentucky

14. INFORMANT W. L. Johnson
(Address) Palmyra, Mo.

15. FILED 1-19-34 Gertrude Lee REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan. 18th. 1934

17. I HEREBY CERTIFY That I attended deceased from Jan. 16th. 1934 to Jan. 18th. 1934 that I last saw h. e. r. alive on Jan. 18th. 1934, and that death occurred, on the date stated above, at 11:45 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Senile pulmonary tuberculosis.

23A
11:2 (duration) 15 yrs. 5 mos. 5 ds.
CONTRIBUTORY (SECONDARY) Took "col." (duration) _____ yrs. _____ mos. _____ ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH _____

DID AN OPERATION PRECEDE DEATH? no DATE OF _____

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS Clinical
(Signed) [Signature] M. D.

1-21, 1934. (Address) Palmyra, Mo.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) WHETHER ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL Greenwood Cemetery
Palmyra, Mo.

DATE OF BURIAL 1/21/34

20. UNDERTAKER Lewis Bros

ADDRESS Palmyra, Mo.

