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

Do not use this space.

File No. 21473

Registered No.

1. PLACE OF DEATH

81 County Phelps

3 Township

2 City St James (No. , St. Ward)

Registration District No. 678

Primary Registration District No. 4404

2. FULL NAME Ida C Johnson

(a) Residence, No. 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.

JUL 1 - 1934

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: white

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): 10-10-1855

7. AGE: Years 78 Months 8 Days 7 If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: House wife

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): May 16

11. Total time (years) spent in this occupation: 36

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Greggsville Ill.

FATHER

13. NAME: T N McCorkle

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): N. Carolina

MOTHER

15. MAIDEN NAME: Voreas Derickson

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ky.

17. INFORMANT (ADDRESS): Maud B Smith St James Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Lenney Ill DATE 6-20 1934

19. UNDERTAKER (ADDRESS): W F Lickliter St James Mo

20. FILED 6-18-1934 Henry F Walters Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): June 17, 1934

22. I HEREBY CERTIFY, That I attended deceased from May, 1934, to June 17, 1934

I last saw her alive on June 16, 1934. Death is said to have occurred on the date stated above, at 10:30 a.m.

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

Angina Pectoris — Date of onset 9/1/34

1 3 1 G & A 1 5

Other contributory causes of importance:

Chronic Int Nephritis

Name of operation — 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) Williams & Breece, M. D.

(Address) St James, 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.

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