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.

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

Do not use this space.

OCT 13 1934

1. PLACE OF DEATH Cass
County
Township Index
City (No. St. Ward)

Registration District No. 154
Primary Registration District No. 5218 A

File No. 23633
Registered No.

2. FULL NAME Laura B. 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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Fem
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 O. P. Johnson
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr. 28-1870
7. AGE YEARS 64 MONTHS 2 DAYS 9 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
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) June 1934
11. Total time (years) spent in this occupation 44

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Calhoun, Henry Co. Mo

FATHER
13. NAME John Evans
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana

MOTHER
15. MAIDEN NAME Katherine Swalley
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pittsburg Pa

17. INFORMANT (ADDRESS) O. P. Johnson Lamont Mo.
18. BURIAL, CREMATION, OR REMOVAL
PLACE Garden City DATE July 8, 1934
19. UNDERTAKER (ADDRESS) A. L. Hatzler, East Lynne Mo
20. FILED Aug. 1934 Frank B Ellis Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 7, 1934
22. I HEREBY CERTIFY, That I attended deceased from Jan, 1930, to July 7, 1934
I last saw her alive on July 7, 1934. Death is said to have occurred on the date stated above at 4:30 m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
32A	
31B	
32A	
Miliary Tuberculosis	3

Other contributory causes of importance:
Secondary Anemia

Name of operation no Date of no
What test confirmed diagnosis? Physical Exam Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? no Date of injury 1, 19
Where did injury occur? no (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury no
Nature of injury no

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify no
(Signed) Geo. W. Griffith, M. D.
(Address) Garden City Mo