

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

Do not use this space.

25205

1. PLACE OF DEATH

County Johnson Registration District No. 431
Township _____ Primary Registration District No. 3023
City Warrensburg (No. _____ St. _____ Ward)

File No. _____
Registered No. _____

2. FULL NAME

Katie Johnson
(a) Residence, No. 214 Madison 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>Fe</u>	4. COLOR OR RACE <u>Colored</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>John E. Johnson</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>July 14, 1876</u>				
7. AGE	YEARS <u>58</u>	MONTHS <u>0</u>	DAYS <u>14</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>House wife</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>Johnson Co., Mo.</u>				
FATHER	13. NAME <u>David Talbert</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Johnson Co., Mo.</u>			
MOTHER	15. MAIDEN NAME <u>Ellen Violet</u>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Johnson Co., Mo.</u>			
17. INFORMANT <u>John E. Johnson</u> (ADDRESS) <u>214 Madison Warrensburg Mo.</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Jacksal Hill</u> DATE <u>July 30 1934</u>				
19. UNDERTAKER <u>W.F. Wilcox Funeral Service</u> (ADDRESS) <u>Warrensburg Mo.</u>				
20. FILED <u>7/30 1934</u> <u>Earl Denton</u> Registrar.				

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 28 1934

22. I HEREBY CERTIFY, That I attended deceased from July 28 1934 to July 28 1934
I last saw him alive on July 28 1934 Death is said to have occurred on the date stated above, at 3:10 A.M.
The principal cause of death and related causes of importance were as follows:
Angina Pectoris Date of onset _____
92A
94A
92A
Other contributory causes of importance:
Chronic aortic atherosclerosis

Name of operation none Date of _____
What test confirmed diagnosis? _____ 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) Wm. Patterson M. D.
(Address) Warrensburg Mo.

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.

AUG 13 1934

