

Dr. Enloe

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

Do not use this space.

**1. PLACE OF DEATH**
 County Cole JAN 10 1935  
 Township \_\_\_\_\_  
 City Jefferson (No. \_\_\_\_\_, \_\_\_\_\_ Ward)

 Registration District No. 213  
 Primary Registration District No. 3014

 File No. 42408  
 Registered No. 366
**2. FULL NAME** Mrs. Katherine 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 <u>Female</u>	4. COLOR OR RACE <u>White</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>Alfred Johnson</u>		

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec-17-1879

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
	<u>55</u>	<u>---</u>	<u>7</u>	

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>	11. Total time (years) spent in this occupation.
	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) _____	

12. BIRTHPLACE (CITY OR TOWN) Cole County, Mo.  
(STATE OR COUNTRY)13. NAME Leonard Goetschel14. BIRTHPLACE (CITY OR TOWN) Germany  
(STATE OR COUNTRY)15. MAIDEN NAME Nancy Goser16. BIRTHPLACE (CITY OR TOWN) Germany  
(STATE OR COUNTRY)17. INFORMANT Alfred Johnson  
(ADDRESS) Osage City, Missouri18. BURIAL, CREMATION, OR REMOVAL  
PLACE River View Cem DATE Dec-26- 193419. UNDERTAKER Joseph G. Gordon  
(ADDRESS) Jefferson City, Mo.20. FILED 12/28/34 1934 Jefferson City, Mo.  
Registrar.**MEDICAL CERTIFICATE OF DEATH**21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-24, 1934

22. I HEREBY CERTIFY, That I attended deceased from

12/24/34, 1934, to 12/24/34, 1934.  
 I last saw him alive on 12/24/34, 1934. Death is said
to have occurred on the date stated above, at 10 + P. m.

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

Date of onset

Diabetes Mellitus

Other contributory causes of importance:

Fracture of leg

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis Micro. & Chem. as there an autopsy? No23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 1934Where 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) Leonard Goetschel, M. D.(Address) Jefferson City, Mo.

