

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.

DEC 26 1934

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

Do not use this space.

1. PLACE OF DEATH

County JacksonRegistration District No. 400Township Lee SummitPrimary Registration District No. 4235City Lee Summit (No. ~~1000~~)

St. _____ Ward _____

File No. 43316Registered No. 2602. FULL NAME Eleanor Bell Johnson(a) Residence, No. 100 Forest St., _____ Ward. _____

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>F</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
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5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF William Sale Johnson6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 26, 1867

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
	<u>67</u>	<u>3</u>	<u>16</u>	

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, lawyer, bookkeeper, etc. <u>Housewife</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) <u>1931</u>
	11. Total time (years) spent in this occupation <u>44</u>

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St Joseph Mo13. NAME Charles Barrington14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Penn15. MAIDEN NAME Almeda Timerson16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo17. INFORMANT W. P. Johnson(ADDRESS) 6432 Washington Ave. Mo.18. BURIAL, CREMATION, OR REMOVAL St. Joseph DATE 12-13-193419. UNDERTAKER Stanton Bell & Bowman(ADDRESS) St. Joseph Mo20. FILED Dec 13 1934 William J. Fields

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 12 193422. I HEREBY CERTIFY, That I attended deceased from Oct 1 1934 to Dec 12 1934I last saw her alive on Dec 12 1934. Death is said to have occurred on the date stated above, at 10:30 P.M.

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

Uremia

Date of onset

Other contributory causes of importance

Chronic Intestinal Neoplasia

Name of operation _____ 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? None

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury None

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify _____

(Signed) William J. Fields, M. D.(Address) 8103 - Lee Summit, Mo.

