APR 7 1935

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

Do not use this space.

8686

1. PLACE OF DEATH
County: Franklin
Township: Boles
City: Pacific (No. ..... St. ..... Ward)

Registration District No. 293
Primary Registration District No. 4177 4177

File No.
Registered No.

2. FULL NAME: MARIETTA JOHNSON

(a) Residence, No. ..... St., ... Ward. (If nonresident, give city or town and State)
(Usual place of abode)
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: female
4. COLOR OR RACE: white
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Mar.17,1858.

7. AGE: Years 76 | Months 11 | Days 15 | 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.: home
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): Ind.

FATHER
13. NAME: Benjimann Byfield
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): not known

MOTHER
15. MAIDEN NAME: Elizabeth Lard
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Not known

17. INFORMANT (ADDRESS): Mrs.J.N.Lawson Pacific,Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Lonesome Hill,Mo DATE 19

19. UNDERTAKER (ADDRESS): John A.Thiebes & Son Pacific,Mo.

20. FILED 3-4 1935 J.E.Gross D. of H. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Mar.2,1935 , 19

22. I HEREBY CERTIFY, That I attended deceased from Feby 17, 1935, to Mar 2, 1935
I last saw he alive on Mar 2, 1935. Death is said to have occurred on the date stated above, at 11:30 A.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	2-16-35

Other contributory causes of importance:
Chronic valvular (mitral) disease

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? (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) H. J. McNay, M. D.
(Address) Pacific, 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.