

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

Do not use this space.

JUN 18 1935

15652

1. PLACE OF DEATH

County Buchanan
Township
City St. Joseph Mo (No. 3005 South 15th St)

Registration District No. 85
Primary Registration District No. 1001

File No.
Registered No. 541 (Ward)

2. FULL NAME

Male G. Johnson

(a) Residence, No. 3005 South 15th St., Ward. (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 Female 4. COLOR OR RACE Colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 6, 1891

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
44 3 7

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House work

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
St. Joseph Mo

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Geo White Mo

FATHER 13. NAME

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Buchanan County Mo

MOTHER

15. MAIDEN NAME Fannah Richey
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Joseph Mo

17. INFORMANT (ADDRESS) Mrs Minnie White

18. BURIAL, CREMATION, OR REMOVAL PLACE Ashland Cem DATE 5016-35 19.

19. UNDERTAKER (ADDRESS) B.F. Graves Funeral Home
806 South 17th St

20. FILED 5-16 19 35 John H. Kendra Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 13, 1935

22. I HEREBY CERTIFY, That I attended deceased from 11 May, 1935 to 13 May, 1935
I last saw her alive on 13 May, 1935 Death is said to have occurred on the date stated above, at 5:14 P.M. m.
The principal cause of death and related causes of importance were as follows:

Diabetes Mellitus (Coma) Date of onset May 6-1935

Other contributory causes of importance:

Name of operation None Date of clinical laboratory diagnosis None Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? None 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 None

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify None
(Signed) John H. Kendra M. D.
(Address) 1908 Westmore St. St. Joseph 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.

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