

OCT 25 1935

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

Do not use this space.

1. PLACE OF DEATH

County *Washington* Registration District No. *975*
Township *Washington* Primary Registration District No. *5851-13*
City (No.) St. Ward

File No. 30282

Registered No. 5

2. FULL NAME

Catherine Tennessee 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) *Widow*

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Feb 2nd 1854*

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
81 7 4

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

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) *Waverly Mo*

13. NAME *Harrison Baines*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Tennessee*

15. MAIDEN NAME *Wend Johnson*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Tennessee*

17. INFORMANT (ADDRESS) *Wm Caldwell*

18. BURIAL, CREMATION, OR REMOVAL

PLACE DATE 19

19. UNDERTAKER (ADDRESS) *Morton Funeral Home*

20. FILED *9-15* 1935 *Alphonse Tich* Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Sept 14 1935*

22. I HEREBY CERTIFY, That I attended deceased from *June 10 1935* to *Sept 14 1935*

I last saw her alive on *Aug 17 1935* Death is said

to have occurred on the date stated above, at *1:30 p.m.*

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

Tricuspid Regurgitation Date of onset

922

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

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?

If so, specify

(Signed) *J. O. Carter* M. D.

(Address) *Waverly 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.

