FEB 19 1936

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

Do not use this space.

1991

1. PLACE OF DEATH
County Lawrence — Registration District No. VU 3 H — File No.
Township Red Oak — Primary Registration District No. 3 6 3 1 — Registered No. 1
City ..... (No. ....., ... St. ..... Ward)

2. FULL NAME Kyann Fnetten 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): Married
5A. ~~IF MARRIED, WIDOWED, OR DIVORCED~~ ~~HUSBAND OF~~ (OR) WIFE OF: H. J. Johnson
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): 9-16-1885
7. AGE: YEARS 50 — MONTHS 3 — DAYS 26 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
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): Noble Co. Ohio

FATHER
13. NAME: James Wiley
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ohio

MOTHER
15. MAIDEN NAME: Rachel Ann Matheney
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ohio

17. INFORMANT (ADDRESS): H. J. Johnson, Sarcoxie R. R. 2
18. BURIAL, CREMATION, OR REMOVAL
PLACE Red Oak DATE ....., 19..
19. UNDERTAKER (ADDRESS): Morris & Leiman, Miller Mo.
20. FILED Jan 14, 1936 Alta Wilson, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 1-12-, 1936
22. I HEREBY CERTIFY, That I attended deceased from Jan. 12, 1936, to Jan. 12, 1936
I last saw her alive on Jan. 12, 1936. Death is said to have occurred on the date stated above, at 6:30 p.m.
The principal cause of death and related causes of importance were as follows:
Cerebral Apoplexy — Date of onset 1-12-36
lived only a few hours.

Other contributory causes of importance:
none

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. W. Boyd, M. D.
(Address) Sarcoxie Mo.

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

MARGIN RESERVED FOR BINDING

U.S. NO. 2 100M-11-24-33