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.

APR 15 1936

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

Do not use this space.

9210

1. PLACE OF DEATH
County Benton
Township
City Warsaw, Mo.. (No. , St. Ward)

Registration District No. 61
Primary Registration District No. 4036

File No.
Registered No. 120

2. FULL NAME Myrtle Johnson
(a) Residence, No. Warsaw, Mo.. St., Ward.
(Usual place of abode) (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: Femal
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 J. M. Johnson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 4, 1878

7. AGE: YEARS 57 | MONTHS 7 | DAYS 4 | 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.
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) Morgan County, Mo..

FATHER
13. NAME James Riggs
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Morgan County, Mo.

MOTHER
15. MAIDEN NAME Elsie Ritche
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Morgan County, Mo.

17. INFORMANT (ADDRESS) J. M. Johnson Warsaw, Mo..

18. BURIAL, CREMATION, OR REMOVAL
PLACE Warsaw, Mo.. DATE Mar. 8, 1936

19. UNDERTAKER (ADDRESS) E. M. White Warsaw, Mo..

20. FILED 3/8 1936 Jas. A. Logan Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 7, 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb 7 1936, to March 7, 1936
I last saw her alive on March 7, 1936. Death is said to have occurred on the date stated above, at 6 P. m.
The principal cause of death and related causes of importance were as follows:

Cancer of the Stomach — Date of onset: Not Known
Cancer of Stomach (Carcinoma) 46

Other contributory causes of importance:
Cerebral Hemorrhages
Some six or seven light attacks

Name of operation Date of
What test confirmed diagnosis? Clinical 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) [signature], M. D.
(Address) Warsaw Mo.