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.

JUN 23 1936

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

Do not use this space.

19333

File No.
Registered No.

1. PLACE OF DEATH
County: Jefferson
Township: Valle
City: DeSoto, (No. , St. Ward)
Registration District No. 420
Primary Registration District No. 3022

2. FULL NAME: Catherine Johnson
(a) Residence, No. Route 2 St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 9 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: Robert L. Johnson
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): May 14 - 1872
7. AGE: Years 64 Months 0 Days 3 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): Richwoods, Missouri

FATHER
13. NAME: Belonie Emily
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Richwoods Mo

MOTHER
15. MAIDEN NAME: Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): " "

17. INFORMANT (ADDRESS): Lillian Johnson Kansas City Mo.
18. BURIAL, CREMATION, OR REMOVAL PLACE: Richwoods Mo DATE: May 19, 1936
19. UNDERTAKER (ADDRESS): Donnell B. Dietrich DeSoto Mo
20. FILED 5-31-, 1936 May Henderson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): May 17, 1936

22. I HEREBY CERTIFY, That I attended deceased from Aug 24, 1935, to May 17, 1936
I last saw h. alive on May 16, 1936 Death is said to have occurred on the date stated above, at 9:40 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of liver	
4	

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? No
If so, specify
(Signed) David Ford, M. D.
(Address) DeSoto Mo