

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

Do not use this space.

DEC 28 1936

38239

1. PLACE OF DEATH

County Lewis
Township Union
City La Grange (No.)

Registration District No. 480
Primary Registration District No. 4289

File No.
Registered No. 27 St. Ward)

2. FULL NAME

Jane Johnson

(a) Residence, No. 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 12th 1868

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
67 11 2

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home
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) Alexandria Mo.

MOTHER FATHER 13. NAME Cortes A. Johnson
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Greenville Ind.

MOTHER 15. MAIDEN NAME I. Alicia Hening
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Alexandria Mo.

17. INFORMANT Edward Johnson (ADDRESS) La Grange, Mo.
18. BURIAL, CREMATION, OR REMOVAL PLACE St. Francisville Mo. Oct. 16th 1936

19. UNDERTAKER A. A. Roberts (ADDRESS) La Grange, Mo.

20. FILED Oct. 16 1936 W. Bell Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 14 1936

22. I HEREBY CERTIFY, That I attended deceased from Sept 30 1936 to Oct 14 1936

I last saw h. ee alive on Oct 14 1936 Death is said to have occurred on the date stated above, at 1:45 P.

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

Carcinoma Right Breast Date of onset
Multiple metastases throughout chest & axilla

Other contributory causes of importance:
Left Breast amputated
John carcinoma about 4 yrs ago

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external cause (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury 19.....

Where did injury occur? (Specify city of 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) W. Bell M. D.
(Address) La Grange, 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.

