

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.

FEB 25 1937

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

Do not use this space.

1707

1. PLACE OF DEATH
County Jackson Registration District No. 399
Township 10 Primary Registration District No. 1007
City W. Reno (No. 1007) St. _____ Ward _____

2. FULL NAME Augusta Johnson
(a) Residence, No. 1905 G 19th 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 Fe 4. COLOR OR RACE col 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or) WIFE OF Cy Johnson 1922
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 28 - 1899

7. AGE YEARS MONTH DAYS If LESS than 1 day, _____ hrs. or _____ min.
44 5 27

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. 335

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation 2

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Na

13. NAME Mrs Bethel

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Na

15. MAIDEN NAME Rosa

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Na

17. INFORMANT Cy Johnson
(ADDRESS) 1905 G 19th St.

18. BURIAL, CREMATION, OR REMOVAL PLACE Blue Ridge Lawn DATE 1-28-1937

19. UNDERTAKER Sawyer-Cox & Long
(ADDRESS) 2119 E 18th St

20. FILED Jan 28 1937 M. M. Grodner
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-25-1937

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____.
I last saw _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at 5:10 pm m.
The principal cause of death and related causes of importance were as follows:
Intestinal Obstruction Date of onset _____

Other contributory causes of importance:
Multinodular fibroid tumor, non malignant.

Name of operation _____ Date of _____
What test confirmed diagnosis Autopsy Was there an autopsy? yes

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) Lucian T. Richardson M. D.
(Address) 1832 Vine

