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.

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

Do not use this space.

1. PLACE OF DEATH
County Lawrence AUG 31 1937 2
Township Upton
City ..... (No. ..... St. ..... Ward)

Registration District No. 1088
Primary Registration District No. 6148

File No. 28583
Registered No. .....

2. FULL NAME Susan 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) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 20, 1861

7. AGE 235

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
75	9	16	

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) May 1937
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Knox Co. Tenn

FATHER
13. NAME John P. Jack
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Knox Co Tennessee

MOTHER
15. MAIDEN NAME Martha McNutt
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Knox Co Tennessee

17. INFORMANT (ADDRESS) J. C. Johnson Plato Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Mt Pisgah Cem DATE 7-7 1937

19. UNDERTAKER (ADDRESS) .....

20. FILED July 11 1937 Joe C. Stites Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 6th, 1937

22. I HEREBY CERTIFY, That I attended deceased from Mch, 1929, to July 6th, 1937
I last saw her alive on June 1st, 1937. Death is said to have occurred on the date stated above, at 11 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Interstitial Nephritis	

Other contributory causes of importance: 131

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) Robert B. Tilley, M. D.
(Address) Plato, Mo