SEP 15 1937

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

Do not use this space.

File No. 30230

Registered No. 52

1. PLACE OF DEATH

County BUCHANAN — Registration District No. 86

Township WASHINGTON — Primary Registration District No. 5127

City ST. JOSEPH, MO. (No. IN AMBULANCE ON HIGHWAY #36 EAST OF ST. JOSEPH. St. ..... Ward)

2. FULL NAME MILDRED MARIE JOHNSON

(a) Residence, No. NEW ORLEANS, LA. St., ... Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
FEMALE	WHITE	MARRIED

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) AUG. 23RD, 1912

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	24	11	26	

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. HOME

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) ABELINE KAN.

FATHER

13. NAME MR. GRANT DIXON

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) CLINTON COUNTY MO.

MOTHER

15. MAIDEN NAME AGNES SIBERGER

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) KING CITY MO.

17. INFORMANT MR. & MRS. GRANT DIXON
(ADDRESS) 605 HIGHLAND ST. JOSEPH, MO.

18. BURIAL, CREMATION, OR REMOVAL
PLACE OSBORN, MO. DATE AUG. 23RD. 1937

19. UNDERTAKER FLEEMAN & SON, INC.
(ADDRESS) 1946 CALHOUN ST. JOSEPH, MO.

20. FILED Aug 19 1937 B. W. Tadlock M.D. M.H. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) AUG. 19TH, 1937

22. I HEREBY CERTIFY, That I attended deceased from Aug 19th 1937, to ....., 19.....
I last saw him alive on ....., 19..... Death is said to have occurred on the date stated above, at 12.15 A m.

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

Date of onset

Injuries received when the Auto in which she was riding turned over on Highway No 36 near Cameron Mo. Driver was passing another car on hill

Other contributory causes of importance:

None

Name of operation ..... Date of .....

What test confirmed diagnosis? History. Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 8/19, 1937
Where did injury occur? Near Cameron, Mo.
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Public place
Manner of injury Auto turned over
Nature of injury Fractured skull

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify .....
(Signed) B. W. Tadlock - Coroner, M. D.
(Address) King Hill Bldg

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.