

REC'D APR 21 1938

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

11298
Do not use this space.

1. PLACE OF DEATH

(a) County Lawrence Registration District No. 470
(b) Township Mt. Vernon Primary Registration District No. 15433
(c) City St. Vernon, Mo. (d) Street No. Missouri State Van St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred 2 yrs. 3 mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

Registered No. 37

2. PRINT FULL NAME

Ida Johnson 525
(a) Residence, No. 1505 Sterling St. Independence Mo
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

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 Unknown
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 26-1868
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 70 2 4

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) March 1934 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Peru Ind

FATHER 13. NAME Benjamin Hann

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

MOTHER 15. MAIDEN NAME Elizabeth Hunter

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

17. INFORMANT (ADDRESS) Mr. Michael Reid Clerk Mo. State Van

18. BURIAL, CREMATION, OR REMOVAL PLACE Independence Mo DATE March 30 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS) George Carson Funeral Home Independence Ind Co

20. FILED March 29 1938 P. A. Holmes Local Registrar. 421

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 29 1938

22. I HEREBY CERTIFY, That I attended deceased from Oct 30 1935 to March 29 1938

I last saw her alive on Mar 29 1938 Death is said to have occurred on the date stated above, at 6:00 P. m.

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

Pneumonia, Tuberculosis
Bronchiectasis
Other contributory causes of importance: 1

Date of onset March 1934

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

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..... Lo

24. Was disease or injury in any way related to occupation of deceased? If so, specify None

(Signed) Clara J. Doolittle, M. D.
(Address) St. Vernon

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.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

....., or by

Registered Apprentice No....., working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.