

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN'S SIGNATURE STATE CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

True

REC'D MAY 18 1938

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

Do not use this space.

12:30

14175

1. PLACE OF DEATH

County *Caldwell*
Township *Hamilton*
City *Hamilton* (No. *2*)

Registration District No. *96*
Primary Registration District No. *4008*

File No. *12*
Registered No. *12*

2. FULL NAME

Anna A. Johnson

5-25

(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.

MEDICAL CERTIFICATE OF DEATH

3. SEX *Female* 4. COLOR OR RACE *white* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *married*

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *April 5*, 19*38*

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

22. I HEREBY CERTIFY, That I attended deceased from *Jan 1st*, 19*37*, to *Apr 5*, 19*38*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Apr. 1, 1852*

I last saw her alive on *April 4*, 19*38*. Death is said to have occurred on the date stated above, at *9:52* a.m.

7. AGE YEARS *86* MONTHS _____ DAYS *4* If LESS than 1 day, _____ hrs. or _____ min.

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

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

very hard arteries

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *housewife*

strong mitral regurgitation

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

Date of onset

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Washington Co. Pennsylvania*

9:52

13. NAME *John Rustan*

Other contributory causes of importance
Bronchitis Chronica

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Pennsylvania*

Name of operation _____ Date of _____

15. MAIDEN NAME *Nancy Cook*

What test confirmed diagnosis? *By Dr. King* Was there an autopsy? *no*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Pennsylvania*

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

17. INFORMANT (ADDRESS) *W. M. Carey*

Where did injury occur? _____ (Specify city or town, county, and State)

18. BURIAL, CREMATION, OR REMOVAL PLACE *Highland* DATE *April 10*, 19*38*

Specify whether injury occurred in industry, in home, or in public place.

19. UNDERTAKER (ADDRESS) *St. Augustine Hamilton Missouri*

Manner of injury _____

20. FILED *April 6*, 19*38* *Mule Iron* Registrar.

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? *NO*

If so, specify _____

(Signed) *Levi Gads*, M. D.

(Address) *Hamilton, Mo.*

