

REC SEP 27 1938

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

Do not use this space.

29691

File No. 242243  
Registered No. 668  
St. Ward

1. PLACE OF DEATH

County Pettis  
Township  
City Sedalia

Registration District No. 668  
Primary Registration District No. 3032  
(No. 246 So. Prospect)

2. FULL NAME Lillian Gertrude Johnson

(a) Residence, No. 246 So. Prospect St. Ward.  
(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 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 Rufus Johnson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 28, 1854

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.  
83 9 11

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home  
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)  
11. Total time (years) spent in this occupation

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

13. NAME Alexander Harper

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

15. MAIDEN NAME Elizabeth Cox

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

17. INFORMANT Guy H. Johnson  
(ADDRESS) Sedalia, Mo.

18. BURIAL, CREMATION, OR REMOVAL  
PLACE Smithton, Mo. DATE Aug. 11, 1938

19. UNDERTAKER Gillespie Funeral Home  
(ADDRESS) Sedalia, Mo.

20. FILED Aug 10 1938 J. E. Slack Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 9, 1938, 19

22. I HEREBY CERTIFY, That I attended deceased from Aug 5, 1938, to Aug 9, 1938. I last saw him alive on Aug 9, 1938. Death is said to have occurred on the date stated above, at 10:00 a.m. The principal cause of death and related causes of importance were as follows:

Cardio hypertrophy  
Arterio sclerosis  
Other contributory causes of importance: Chronic emphysema

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) J. E. Slack, M. D. (Address)

NOTE—Every item of information should be carefully supplied. AGE should be carefully classified. Exact statement of OCCUPATION is very important. CAUSE OF DEATH in plain terms, so that it may be properly classified.

RECEIVED

District Health Officer No. 8,

District File Number \_\_\_\_\_

Date Filed 9/9/28