

FILED FEB 6

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

1647  
Do not use this space.

**1. PLACE OF DEATH**

(a) County Boone 1940 2 Registration District No. 73  
 (b) Township 0 Primary Registration District No. 3006 Registered No. 12  
 (c) City Columbia (d) Street No. 501 Locust St. 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 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

**2. PRINT FULL NAME** ANNA ELLA JOHNSTON

(a) Residence, No. 501 Locust St. St.  (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 5-7-1854

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
85 8 16

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

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)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Boone County 0  
 (STATE OR COUNTRY) Missouri

FATHER 13. NAME Wm. T. Johnston 9

14. BIRTHPLACE (CITY OR TOWN) don't know 9  
 (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME Julia Water

16. BIRTHPLACE (CITY OR TOWN) don't know  
 (STATE OR COUNTRY)

17. INFORMANT (ADDRESS) Mrs. Lucille Proctor  
Columbia Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Columbia Cem DATE 1-25, 1940

19. FUNERAL DIRECTOR (NAME) Parkers  
 (ADDRESS) Columbia Mo

20. FILED 1/25/ 1940 Allie Selby  
 Local Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-23-1940

22. I HEREBY CERTIFY, That I attended deceased from Jan 1940, to Jan. 23-, 1940

I last saw him alive on Jan 22-, 1940. Death is said to have occurred on the date stated above, at 6 P. m.

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

Arthritis Do not know probably 1920

In bed 4 yrs. 5 m

Other contributory causes of importance:  
Arterio Sclerosis. Do not know.

Name of operation none Date of: \_\_\_\_\_

What test confirmed diagnosis? none Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? No 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 None

Nature of injury \_\_\_\_\_

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

If so, specify \_\_\_\_\_

(Signed) W. R. Dyson, M. D.

(Address) Columbia, Mo.

