

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

Do not use this space.

33393

**1. PLACE OF DEATH**

County Henry  
Township Bear Creek  
City (No. ....) St. .... Ward)

Registration District No. 312  
Primary Registration District No. 5494

File No. ....  
Registered No. 13

**2. FULL NAME**

Anna Josephine Johnson

(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**

**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)**

Jan. 15, 1889

**7. AGE**

YEARS	MONTHS	DAY	IF LESS than 1 day, hrs. or min.
39	9	1	

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work .....  
(b) General nature of industry, business, or establishment in which employed (or employer) At home .....  
(c) Name of employer .....

**9. BIRTHPLACE (CITY OR TOWN)**

Henry Co, Mo  
(STATE OR COUNTRY)

**10. NAME OF FATHER**

Hiram S. Johnson

**11. BIRTHPLACE OF FATHER (CITY OR TOWN)**

Kentucky  
(STATE OR COUNTRY)

**12. MAIDEN NAME OF MOTHER**

Mary A. Hartley

**13. BIRTHPLACE OF MOTHER (CITY OR TOWN)**

Penn  
(STATE OR COUNTRY)

**14.**

INFORMANT Walter Johnson  
(Address) Montrose Mo RR 34

**15.**

FILED 11/16, 1928 J. M. Miller  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

**16. DATE OF DEATH (MONTH, DAY AND YEAR)** Oct 16 19 28

**17.**

I HEREBY CERTIFY, That I attended deceased from Sep 13, 1928, to Oct 15, 1928 that I last saw her alive on Oct 15, 1928, and that death occurred, on the date stated above, at 1:30 a A.M.

**THE CAUSE OF DEATH WAS AS FOLLOWS:**

Pulmonary tuberculosis

2 234  
2 21  
CONTRIBUTORY Tubercular abscess of leg  
(SECONDARY)

**18. WHERE WAS DISEASE CONTRACTED**

IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH? no DATE OF.....

WAS THERE AN AUTOPSY? no

**WHAT TEST CONFIRMED DIAGNOSIS.**

(Signed) W. E. Baggarly, M. D.

10-16, 1928 (Address) La Due, Mo

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

**19. PLACE OF BURIAL, CREMATION, OR REMOVAL**

Bear Creek Cem DATE OF BURIAL 10-16 1928

**20. UNDERTAKER**

Welling Bros ADDRESS Montrose

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.

WRITE PLAINLY, WITH UNFADING INK. THIS IS A PERMANENT RECORD

