

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

Do not use this space.

28676

**1. PLACE OF DEATH**

County Ray Registration District No. 915 File No. \_\_\_\_\_  
 Township Knoxville Primary Registration District No. 6236 Registered No. 13  
 City \_\_\_\_\_ (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME Annietha 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 F 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED OR DIVORCED Widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb. 24. 1860.

7. AGE	YEARS	MONTHS	DAY	IF LESS than 1 day, _____ hrs. or _____ min.
	69	5	28	

**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) \_\_\_\_\_  
 (c) Name of employer \_\_\_\_\_

9. BIRTHPLACE (CITY OR TOWN) Ray Co. Mo.  
 (STATE OR COUNTRY)

PARENTS

10. NAME OF FATHER Joseph Brown  
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) Crawford Co. Ind.  
 (STATE OR COUNTRY)  
 12. MAIDEN NAME OF MOTHER Mary Hughes  
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Crawford Co. Ind.  
 (STATE OR COUNTRY)

14. INFORMANT Philander Johnson  
 (Address) Richmond, Mo. R.F.D.

15. FILED Aug 24 1929 Mrs. G. W. Gaines  
 REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug. 22<sup>nd</sup> 1929

17. I HEREBY CERTIFY, That I attended deceased from July 1, 1929, to Aug 22, 1929 that I last saw her alive on Aug 21, 1929, and that death occurred, on the date stated above, at \_\_\_\_\_ m.

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

Arterio Sclerosis

97

(duration) 5 yrs. mos. ds.

CONTRIBUTORY (SECONDARY)

(duration) \_\_\_\_\_ yrs. mos. ds.

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 Clinical

(Signed) D. W. Gandy, M. D.

Ray, 1929 (Address) Rayville, 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  
Mc Donald Cem.

DATE OF BURIAL  
8-24-29

20. UNDERTAKER

A. W. Mansour

Raymond  
Mo.

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.

DEPARTMENT RECORD

2

SEP 26 1929

