

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

Do not use this space.

9735

**1. PLACE OF DEATH**

County TRAY  
Township RICHMOND  
City RICHMOND (No. ....) (St. ....) (Ward ..)

Registration District No. 744  
Primary Registration District No. 3035

File No. ....  
Registered No. 19

**2. FULL NAME** THEODOCIA 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 Fe. 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 ADDISON JOHNSON

6. DATE OF BIRTH (MONTH, DAY AND YEAR) JAN. 16 1859

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, ..... hrs. or ..... min.
<u>73</u>	<u>1</u>	<u>23</u>		

**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) Missouri (STATE OR COUNTRY) 1

10. NAME OF FATHER Nicholas White

11. BIRTHPLACE OF FATHER (CITY OR TOWN) 31 (STATE OR COUNTRY) No Not Know

12. MAIDEN NAME OF MOTHER No Not Know

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) No Not Know

14. INFORMANT Mr. James Johnson (Address) Tratto N. E. Mo.

15. FILED 3-25-32 E. E. Day REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) 3-9 19 32

17. I HEREBY CERTIFY, That I attended deceased from Jan 15, 1931, to Mar 9, 1932 that I last saw her alive on Mar 9, 1932 and that death occurred, on the date stated above, at 9 P. m.

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

Carcinoma of Bladder

53E

CONTRIBUTORY (SECONDARY)

53E

**18. WHERE WAS DISEASE CONTRACTED**

IF NOT AT PLACE OF DEATH Home

DID AN OPERATION PRECEDE DEATH? No DATE OF 1

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS Home only clinical (Signed) J. D. Greener M. D.

Mar 16 19 32 Address Richmond 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** **DATE OF BURIAL**

Richmond Mo 3/10/32

20. UNDERTAKER C. W. Joiner ADDRESS Richmond 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.

APR 28 1932

