

1928

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

Do not use this space.

41751

1. PLACE OF DEATH
County Wright Registration District No. 573
Township Bellevue Primary Registration District No. 4337
City Festus (No.) St. Ward) (If nonresident give city or town and State)

2. FULL NAME Mary Ann Johnston
(a) Residence. No. St. Ward.
(Usual place of abode)
Length of residence in city or town where death occurred 87 yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

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 John J. Johnston

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec 8 1841

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
87 — 11

8. OCCUPATION OF DECEASED

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

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wray on to Mo

10. NAME OF FATHER Asa Drake

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

12. MAIDEN NAME OF MOTHER Ellie Smith

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

14. INFORMANT (Address) Bea T. Herper
John J. Johnston

15. FILED 11-20, 1928 G. S. Wilson
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 19 1928

17. I HEREBY CERTIFY That I attended deceased from Nov 1, 1928, to Dec 19, 1928 that I last saw her alive on Dec 12, 1928, and that death occurred, on the date stated above, at 12 30 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Heart Insufficiency
90 W (duration) yrs. mos. da.
CONTRIBUTORY (SECONDARY) (duration) yrs. mos. da.

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) G. S. Wilson, M.D.

, 19 (Address) Festus

*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

Westbank Bur Dec 20 1928

20. UNDERTAKER ADDRESS

Richard L. ...

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.

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