

MAR 16 1936

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

Do not use this space.

## 1. PLACE OF DEATH

County Buchanan  
Township Washington  
City St. Joseph (No. 2902)

Registration District No. 85  
Primary Registration District No. 1001

File No. 4637  
Registered No. 181  
St. 2902 Ward Lovers Lane

## 2. FULL NAME

Alice Morton Johnston  
(a) Residence, No. 2902 Lovers Lane Ward.

(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) widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 11, 1863

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.  
72 4 28

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, 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) (STATE OR COUNTRY) Platte Co. Mo.13. NAME Bessie Phoebe Morton14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wagon15. MAIDEN NAME Sarah Hunt16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wagon17. INFORMANT M. M. Johnston (ADDRESS) 1501 1/2 E. 12th St., Mo.18. BURIAL, CREMATION, OR REMOVAL PLACE Platte Co. Mo. DATE July 11, 193619. UNDERTAKER F. F. Rollins (ADDRESS) 1501 1/2 E. 12th St., Mo.20. FILED 2-10 1936 J. M. Winder Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 9, 193622. I HEREBY CERTIFY, That I attended deceased from 12-27, 1935, to 2-9, 1936I last saw h. or alive on 2-9, 1936. Death is saidto have occurred on the date stated above, at 12:35 m.

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

Cerebral hemorrhage - Date of onset 12-26-35

Other contributory causes of importance:

Renal insufficiency - 2-2-36Name of operation None Date of \_\_\_\_\_What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? \_\_\_\_\_ 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 \_\_\_\_\_

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

24. Was disease or injury in any way related to occupation of deceased? No If so, specify \_\_\_\_\_(Signed) Paul J. J. J., M. D.(Address) St. Joseph, 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.

