

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

Do not use this space.

SEP 13 1934

30594

1. PLACE OF DEATH

74

County St. Francois
Township Perry
City Bonne Terre, Mo.

Registration District No. 775
Primary Registration District No. 6020

File No.
Registered No. 158 St. Ward)

2. FULL NAME

Rebecca Jane 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

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed

2. DATE OF DEATH (MONTH, DAY, AND YEAR) August 11, 1934

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

22. I HEREBY CERTIFY, That I attended deceased from Aug 10, 1934 to Aug 11, 1934. I last saw him alive on Aug 10, 1934. Death is said to have occurred on the date stated above, at 12:30 A.M.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 12, 1837

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 96 9 29

arterio-sclerosis Date of onset

8. Trade, profession, or particular kind of work done, as spliner, sawyer, bookkeeper, etc. None

Other contributory causes of importance: Very old age

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) St. Francois Co. Missouri

13. NAME John Willis Hill

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bardston Kentucky

15. MAIDEN NAME Lucretia N. Tyler

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mason Co. Virginia

17. INFORMANT (ADDRESS) Mary G. Hartung, 2001 Ave. No.

18. BURIAL, CREMATION, OR REMOVAL PLACE Bonne Terre, Mo. DATE Aug 11, 1934

19. UNDERTAKER (ADDRESS) Burham Burd Co. Bonne Terre Mo.

20. FILED 8/13, 1934 T. A. Don Registrar.

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

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.

