

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

Do not use this space.

9367

1. PLACE OF DEATH

County Adair
Township _____
City Kirkville

Registration District No. 4
Primary Registration District No. 3001

File No. _____
Registered No. 56
St. _____ Ward _____

2. FULL NAME

Minnie Tureasa Johnson

(a) Residence No. _____ (Usual place of abode) St. _____ Ward _____
(If nonresident give city or town and State)
Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 6-9-1918

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
10 9 12

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work School girl
(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) Schuylr Co., Mo.

10. NAME OF FATHER S. A. Johnson

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Howard Co Mo.

12. MAIDEN NAME OF MOTHER Liddell M. Perry

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Schuylr. Co Mo

14. INFORMANT S. A. Johnson
(Address) Queen City Mo

15. FILED 3/30, 1929 Car Becker
Deputy REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Mar. 21, 1929

17. I HEREBY CERTIFY, That I attended deceased from Mar. 18, 1929 to Mar. 21, 1929 that I last saw h. or alive on March 21, 1929, and that death occurred, on the date stated above, at 1:45 P.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

General peritonitis
121 B
1929
(duration) yrs. mos. da.

CONTRIBUTORY Ruptured appendix
(SECONDARY) (duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED 117th
IF NOT AT PLACE OF DEATH?

1 DID AN OPERATION PRECEDE DEATH? yes DATE OF Mar. 19, 1929
WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) Carle W. Koehler M. D.
, 19 (Address) Kirkville, 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

Germania 3-23-1929

20. UNDERTAKER ADDRESS

DeRiley Kirkville

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.

1929-3-21
1918-6-9

10-9-12