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

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Do not use this space.

3691
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File No.

Registered No. 668

1. PLACE OF DEATH

County Pettis

Township

City Sedalia (No. , St. , Ward)

Registration District No. 668

Primary Registration District No. 3232

2. FULL NAME Fannie Johnson 525

(a) Residence, No. 300 N. Osage St., Ward. (Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 0 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F

4. COLOR OR RACE: Negro

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widow

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): June 7-1865

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ......min.
	73	7	6	

OCCUPATION

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

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): California, Mo.

FATHER

13. NAME: Lewis Parks

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Knoxville, Tenn.

MOTHER

15. MAIDEN NAME: Don't Know

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): California, Mo.

17. INFORMANT: Alice Johnson

(ADDRESS) 300 N. Osage

18. BURIAL, CREMATION, OR REMOVAL

PLACE California Mo. DATE Jan. 4 1938

19. UNDERTAKER: Price Alexander

(ADDRESS) 400 W. Cooper St.

20. FILED Jan 4 1938 Jean Slack Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 1, 1938

22. I HEREBY CERTIFY, That I attended deceased from Dec. 20 1937, to Jan 1, 1938

I last saw her alive on Dec 31, 1937 Death is said to have occurred on the date stated above, at 2:30 a.m.

The principal cause of death and related causes of importance were as follows: Chronic myocarditis | Date of onset

Other contributory causes of importance: acute senile dementia

Name 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 none

(Signed) , M. D.

(Address) Sedalia Mo