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

1 PLACE OF DEATH

County: Ray

Township: Camden
or
Village:
or
City: (NO. , St.; Ward)

Registration District No. 739 File No. 48134 421

Primary Registration District No. 4441 Registered No.

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

2 FULL NAME H[redacted] Emmett Johnson

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M

4 COLOR OR RACE: W

5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word):

6 DATE OF BIRTH: May (Month) (Day), 1914 (Year)

7 AGE: 5 yrs. 6 mos. 10 ds.

If LESS than 1 day, hrs. or min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: —
(b) General nature of industry business, or establishment in which employed (or employer): —

9 BIRTHPLACE (City or town, State or foreign country): Camden Mo

PARENTS

10 NAME OF FATHER: Geo Johnson

11 BIRTHPLACE OF FATHER (City or town, State or foreign country): Mo.

12 MAIDEN NAME OF MOTHER: Myrtle Gatley

13 BIRTHPLACE OF MOTHER (City or town, State or foreign country): Mo

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) T. B. Johnson

(Address) Camden Mo.

15 Filed 12-18, 1918 W. W. Burgess Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: Dec (Month) 18 (Day), 1918 (Year)

17 I HEREBY CERTIFY, that I attended deceased from 12/6, 1918, to 12/18, 1918, that I last saw h[redacted] alive on 12/18, 1918, and that death occurred, on the date stated above, at 1 a. m.

The CAUSE OF DEATH* was as follows:

Bronchial Pneumonia

10 DIA

(Duration) 10 yrs. mos. ds.

CONTRIBUTORY (Secondary): Influenza

(Duration) yrs. mos. ds.

(Signed) G. S. Fleming M. D.

12/18, 1918 (Address) Camden Mo

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Camden Cem

DATE OF BURIAL: 12-18, 1918

20 UNDERTAKER: W. W. Burgess

ADDRESS: Camden Mo

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1 PLACE OF DEATH

County .....

Township ..... Registration District No. ..... File No. .....
or
Village ..... Primary Registration District No. ..... Registered No. .....
or
City ..... (NO. ....., ... St.; ..... Ward)

[If death occurred
hospital or instit
give its NAME in
of street and numl

2 FULL NAME .....

PERSONAL AND STATISTICAL PARTICULARS

3 SEX | 4 COLOR OR RACE | 5 SINGLE MARRIED WIDOWED OR DIVORCED (*Write the word*)

6 DATE OF BIRTH
..... (Month) ..... (Day), 1..... (Year)

7 AGE
.....yrs.....mos.....ds.
If LESS than 1 day, ...hrs. or .....min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work .....
(b) General nature of industry business, or establishment in which employed (or employer) .....

9 BIRTHPLACE
(City or town, State or foreign country)

PARENTS
10 NAME OF FATHER
11 BIRTHPLACE OF FATHER (City or town, State or foreign country)
12 MAIDEN NAME OF MOTHER
13 BIRTHPLACE OF MOTHER (City or town, State or foreign country)

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) .....
(Address) .....

15
Filed ....., 191..... .....
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH
....., 191...
(Month) (Day) (

17 I HEREBY CERTIFY, that I attended deceased
....., 191....., to ....., 191
that I last saw h.....alive on ....., 191.
and that death occurred, on the date stated above, at .....
The CAUSE OF DEATH* was as follows:
.....
.....
.....
..... (Duration) .....yrs.....mos.....
CONTRIBUTORY .....
(Secondary)
..... (Duration) .....yrs.....mos.....
(Signed) .....M
....., 191..... (Address) .....

*State the Disease Causing Death, or, in deaths from Violent Cause
(1) Means of Injury; and (2) whether Accidental, Suicidal or Homi

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transi or Recent Residents)
At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....
Where was disease contracted if not at place of death? .....
Former or usual residence .....

19 PLACE OF BURIAL OR REMOVAL | DATE OF BURIAL
..... 1

20 UNDERTAKER | ADDRESS