

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

Do not use this space.

10077

1. PLACE OF DEATH

County.....
Towship.....
City.....

Registration District No. 791
Primary Registration District No. 1003

File No.
Registered No. 2657
Ward

2. FULL NAME

(a) Residence. No. 2728 S Broadway 13 Ward.
(Usual place of abode)

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. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
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 Phoebe Jane Johnson
6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb 1 - 1874
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 53 1 16

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Farmer
(b) General nature of industry, business, or establishment in which employed (or employer) Retired
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY) Pocahontas Ark

10. NAME OF FATHER

Tom Johnson

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY) Pocahontas Ark

12. MAIDEN NAME OF MOTHER

Unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY) Pocahontas Ark

14.

INFORMANT Albert Johnson
(Address) 2728 S Broadway

15.

FILED May 6 1927
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Mar 17 1927
17.

I HEREBY CERTIFY, That I attended deceased from 3/14 1927 to 3/17 1927 that I last saw him alive on 3/17 1927 and that death occurred, on the date stated above, at 1 p. m.

18. THE CAUSE OF DEATH* WAS AS FOLLOWS:
Empyema Right thorax
101A

CONTRIBUTORY OPERATION for draining the Thorax of Pus from Empyema due to Abscess Pneumonia non tubercular non
18. WHERE WAS DISEASE CONTRACTED? Pocahontas Ark
IF NOT AT PLACE OF DEATH...

19. DID AN OPERATION PRECEDE DEATH? yes DATE OF 3-15-27
WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Operation
(Signed) Wm R. Gurn M. D.
3/17 1927 (Address) 2247 S Broadway

*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 Pocahontas Ark
DATE OF BURIAL Mar 18 1927

20. UNDERTAKER Wacker, Heldorlc
ADDRESS 2331 S Broadway

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.

