MAY 26 1927

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

Do not use this space.
11128

1. PLACE OF DEATH
County: Callaway — Registration District No.: 104
Township: — Primary Registration District No.: 3008
City: Fulton (No. ..... St. ..... Ward)

File No.: 104
Registered No.: 80

2. FULL NAME: Thodore Johnson
(a) Residence. No. Madison Mo R7D. 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. 17 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
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): No information

7. AGE: Years 20 | Months no information | Days | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Farm laborer
(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): Randolph Co Mo

PARENTS
10. NAME OF FATHER: Wm Johnson
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY): Randolph Co Mo
12. MAIDEN NAME OF MOTHER: Bertha Stewb
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY): Indiana

14. INFORMANT: State Hospital Records
(Address): Fulton Mo.

15. FILED: Apr 30 1927 R. N. Crews
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): April-30-1927

17. I HEREBY CERTIFY, That I attended deceased from April-13-1927, to April-30-1927 that I last saw him alive on April-30-1927, and that death occurred, on the date stated above, at 12:30 P.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Septicaemia developing as a consequence of acute mania

(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY)
(duration) yrs. mos. ds.

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18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? DATE OF
WAS THERE AN AUTOPSY?
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) T. R. Frazer, M. D
4-30-1927 (Address) Fulton 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: Madison Mo.
DATE OF BURIAL: D. K. 19
20. UNDERTAKER: Herndon Taylor
ADDRESS: Fulton Mo.

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.