

MAR 21 1928

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

Do not use this space.

6163

1. PLACE OF DEATH

County St. Genevieve
Township
City St. Genevieve (No.)

Registration District No. 780
Primary Registration District No. 4466

File No.
Registered No. 6 St. Ward)

2. FULL NAME

George Walker Johnson

(a) Residence. No. 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. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX m 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED OR DIVORCED maiden

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mary Josephine Name

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 23 1864

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
71 8 29

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Inmate of County Prison.
(b) General nature of industry, business, or establishment in which employed (or employer) St. Genevieve Co.
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Hamington
(STATE OR COUNTRY) Missouri

PARENTS

10. NAME OF FATHER Calvin A. Johnson

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Seney
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Alice Weeks

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Seney
(STATE OR COUNTRY)

14. INFORMANT Clifford M. Johnson
(Address) Hamington Mo

15. FILED Feb 22 1928 T.W. Douglas
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb. 22 1928

17. I HEREBY CERTIFY, That I attended deceased from Jan. 10 1928 to Feb. 22 1928, and that I last saw him alive on Feb. 9 1928, and that death occurred, on the date stated above, at 2 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Bronch. Pneumonia
22A (duration) yrs. mos. 2 ds.

CONTRIBUTORY Cerebral Haemorrhage
(SECONDARY) (duration) yrs. mos. 14 ds.

18. WHERE WAS DISEASE CONTRACTED 7401
IF NOT AT PLACE OF BIRTH

19. DID AN OPERATION PRECEDE DEATH? DATE OF
WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Spec. & Symbols
(Signed) E. G. ... M. D.
Feb 22, 1928 (Address) St. Genevieve 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 Hamington Mo DATE OF BURIAL Mar 24 1928

20. UNDERTAKER John Barber St. Genevieve Mo ADDRESS

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.

