Brotherton RFD

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

Do not use this space.

16684

1. PLACE OF DEATH
County Dunklin — Registration District No. 288
Township Independence — ~~Primary Registration~~ District No. 4492
City ..... (No. ..... St. ..... Ward)

File No. .....
Registered No. .....

2. FULL NAME Joe W. 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: white
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word): Married

5A. ~~IF MARRIED, WIDOWED, OR DIVORCED~~ HUSBAND OF ~~(OR) WIFE OF~~ Ada Johnson

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 4/11-1883

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
45	0	24	

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) .....
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Kennett
(STATE OR COUNTRY) Mo

PARENTS
10. NAME OF FATHER Sam M. Johnson
11. BIRTHPLACE OF FATHER (CITY OR TOWN) New Albany
(STATE OR COUNTRY) Ind
12. MAIDEN NAME OF MOTHER Nancy Mizell
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Kennett
(STATE OR COUNTRY) Mo

14. INFORMANT Geo. Johnson
(Address) Kennett, Mo

15. FILED 5/9, 1928 E. L. Spence M.D. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 5/5 1928

17. I HEREBY CERTIFY, That I attended deceased from 5/3, 1928, to 5-5, 1928, that I last saw him alive on 5-4, 1928, and that death occurred, on the date stated above, at 5 A.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Lobar Pneumonia
108
101A
(duration) ..... yrs. ..... mos. ..... ds.

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

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? .....
DID AN OPERATION PRECEDE DEATH? no DATE OF .....
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? none

(Signed) J. M. Brotherton, M.D.
5-5, 1928 (Address) Cureth 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: Liberty
DATE OF BURIAL: 5/6 1928

20. UNDERTAKER: Baldwin Furn. Co.
ADDRESS: Kennett Mo

...OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.