

UL 27 1928

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

Do not use this space.

1. PLACE OF DEATH  
County Stoddard Registration District No. 840  
Township Daguerre Creek Primary Registration District No. 6102  
City Near Bygones near R. 3 St. \_\_\_\_\_ Ward \_\_\_\_\_  
File No. 26164  
Registered No. 20

2. FULL NAME Swan John 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. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married  
6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 30<sup>th</sup> 1862  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 66 0 2  
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) \_\_\_\_\_  
(STATE OR COUNTRY) Sweden

10. NAME OF FATHER Dont Know  
11. BIRTHPLACE OF FATHER (CITY OR TOWN) \_\_\_\_\_  
(STATE OR COUNTRY) Dont Know  
12. MAIDEN NAME OF MOTHER Dont Know  
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) \_\_\_\_\_  
(STATE OR COUNTRY) Dont Know

14. INFORMANT Lucie Johnson  
(Address) Bygones Mo. R-3.

15. FILE July 3 1928 E L Hope  
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 2 1928  
17. I HEREBY CERTIFY That I attended deceased from May \_\_\_\_\_, 1928, to July 2 \_\_\_\_\_, 1928  
that I last saw him \_\_\_\_\_ alive on July 1 \_\_\_\_\_, 1928, and that death occurred, on the date stated above, at \_\_\_\_\_ m.

THE CAUSE OF DEATH WAS AS FOLLOWS:

Chronic Nephritis

13 1/2 hrs (duration) yrs. mos. da.

CONTRIBUTORY (SECONDARY) \_\_\_\_\_ (duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED  
9 IF NOT AT PLACE OF DEATH. \_\_\_\_\_

DID AN OPERATION PRECEDE DEATH? \_\_\_\_\_ DATE OF \_\_\_\_\_

WAS THERE AN AUTOPSY? \_\_\_\_\_

WHAT TEST CONFIRMED DIAGNOSIS?  
(Signed) E. L. Hope, M. D.

July 3, 1928 (Address) Bygones 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 Bygones Cemetery DATE OF BURIAL July 3 1928

20. UNDERTAKER Hessman & White Store Co ADDRESS Bygones 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.

PERMANENT RECORD

