2 1928

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

Do not use this space.

26347

1. PLACE OF DEATH

County Audrain — Registration District No. 26 — File No.

Township Sattriver — Primary Registration District No. 5034 — Registered No. 157

City Mexico Mo R F D (No. ..... St. ..... Ward)

2. FULL NAME Everett Johnston

(a) Residence. No. ..... St., ... Ward. ..... (If nonresident give city or town and State)
(Usual place of abode)

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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Male	White	married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 31 – 1859

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	69	X	26	

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) Monroe Co. Mo.

PARENTS

10. NAME OF FATHER J. Wesley Johnston

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

12. MAIDEN NAME OF MOTHER — Lee

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

14. INFORMANT J. R. Johnston
(Address) Bush Hill Mo.

15. FILED Oct 10 1928 Ira S Milligan REGISTRAR

3 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug. 27 1928

17. I HEREBY CERTIFY, That I attended deceased from August, 1927, to Aug 27, 1928, that I last saw him alive on Aug 25, 1928, and that death occurred, on the date stated above, at 4:30 A.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Organic Heart disease — (Mitral & Aortic valves involved)

9 F B

9 F B

11 (duration) 2 yrs. — mos. — ds.

CONTRIBUTORY (SECONDARY) Arterio Sclerosis

(duration) Small yrs. — mos. — ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? No place

DID AN OPERATION PRECEDE DEATH? No DATE OF —

WAS THERE AN AUTOPSY? No —

WHAT TEST CONFIRMED DIAGNOSIS? Clinical Diagnosis

(Signed) N R Bodes, M. D

, 19 (Address) Mexico 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	DATE OF BURIAL
Mexico Mo.	Aug 29 1928
20. UNDERTAKER	**ADDRESS**
McPheeters Bros	Mexico 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.