EP 26 1928

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

Do not use this space.

27678

1. PLACE OF DEATH
County Jefferson — Registration District No. 4 N O — File No.
Township Valle — Primary Registration District No. 5574 — Registered No. 71
City DeSoto (No. ..... St. ..... Ward)

2. FULL NAME Robert L. Johnson
(a) Residence. No. 5, west of DeSoto 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: Male
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: Catherine Johnson

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec 16 - 1859

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
68	7	25	

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) Richwoods
(STATE OR COUNTRY) Mo.

PARENTS
10. NAME OF FATHER Calvin Johnson
11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Washington Co
12. MAIDEN NAME OF MOTHER Not Known
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Not Known

14. INFORMANT Mrs. Al. Koch
(Address) DeSoto Mo

15. FILED 8/14, 1928 D. L. Bouggly REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug 11 1928

17. I HEREBY CERTIFY That I attended deceased from July 1, 1928, to Aug 11, 1928, that I last saw him alive on Aug 1, 1928, and that death occurred, on the date stated above, at 8 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic Endocarditis
92 R (duration) yrs. 3 mos. ds.

CONTRIBUTORY (SECONDARY) 90 A (duration) yrs. mos. ds.

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) David Ford, M. D
Aug 13, 1928 (Address) DeSoto 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: Richwoods — DATE OF BURIAL: Aug 14 1928

20. UNDERTAKER: R. Coxwell & Son — ADDRESS: DeSoto

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.