P 2-7 1928

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

Do not use this space.

File No. 28220
Registered No. 326

1. PLACE OF DEATH
County: Pell
Township: Lawrenton
City: Lawrenton (No. ..... St. ..... Ward)
Registration District No. 7-224
Primary Registration District No. 3558

2. FULL NAME Harold L. Johnson

(a) Residence. No. ..... Lawrenton Mo. 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): Sgl
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 22 - 1928

7. AGE: Years ..... Months 3 Days 9 If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

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

PARENTS
10. NAME OF FATHER Kenneth L. Johnson
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Lawrenton
(STATE OR COUNTRY) Mo
12. MAIDEN NAME OF MOTHER Alice Hendricks
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Eldora
(STATE OR COUNTRY) Ill.

14. INFORMANT Kenneth Johnson
(Address) Lawrenton, Mo

15. FILED 8/2, 1928 C. E. Hinde
I. Dowling Jr. REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 8 - 3 - 1928

17. I HEREBY CERTIFY, That I attended deceased from 8 - 2 - 1928, to 8 - 2 - 1928 that I last saw alive on 8 - 3 - 1928, and that death occurred, on the date stated above, at 3 a m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cholera Infantum
1198
158 / 13 C
(duration) ..... yrs. ..... mos. 2 ds.

CONTRIBUTORY (SECONDARY) Bottle Baby
(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) W. P. Berney M. D
8-3-1928 (Address) Hannibal 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: Centenary Lawrenton — DATE OF BURIAL: 8-4-1928
20. UNDERTAKER: James O'Donnell — ADDRESS: Hannibal 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.