

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

Do not use this space.

8 31085

1. PLACE OF DEATH

County Marion
Township Marion
City Hannibal

Registration District No. 547
Primary Registration District No. 3079
(No. of St. Elizabeth Hospital)

File No. _____
Registered No. 236
St. _____ Ward _____

2. FULL NAME

Russell H. Johnson

(a) Residence. No. Henry St St. _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. 7 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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan. 6th 1901

7. AGE 27 YEARS MONTHS 8 DAYS 26 If LESS than 1 day, _____ hrs. or _____ min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Sheet Metal Worker
(b) General nature of industry, business, or establishment in which employed (or employer) _____
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN)

Philadelphia
(STATE OR COUNTRY) Marion, Co. Mo

10. NAME OF FATHER

Charles L. Johnson

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

Marion Co Mo
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER

Dora B. Northman

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

Marion Co Mo
(STATE OR COUNTRY)

14. INFORMANT

Charles L. Johnson
(Address) Marion City Mo

15. FILED Sept 4 1928 C. C. Strode REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept 3rd 1928

17. I HEREBY CERTIFY That I attended deceased from Aug. 12th 1928 to Sept 3rd 1928 that I last saw alive on Sept 25th 1928, and that death occurred, on the date stated above, at 7:25 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

myocarditis
U.S.A
920 (duration) _____ yrs. _____ mos. _____ da.
CONTRIBUTORY suppurative tracheitis
(SECONDARY) ilitis (duration) _____ yrs. _____ mos. _____ da.

18. WHERE WAS DISEASE CONTRACTED

U.S.A
IF NOT AT PLACE OF DEATH _____
DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? _____

(Signed) M. J. Phipps, M. D.
9/2, 1928 (Address) Marion City 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

Marion City Mo. DATE OF BURIAL Sept 5th 1928

20. UNDERTAKER

Wilson Low Marion City Mo ADDRESS _____

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.

