

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

Do not use this space.

785

1. PLACE OF DEATH

County Howards, Co. Mo.
Township.....
City Boonville, (No.....)

Registration District No. 218

Primary Registration District No. 3015

File No.

Registered No. 13

St. Ward

2. FULL NAME Manuel 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 Black 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) single,

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 9/25 1891

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
37 3 II

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work ##
(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) Missouri

10. NAME OF FATHER Dan Johnson,

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

12. MAIDEN NAME OF MOTHER Fanny Tindall

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

14. INFORMANT Dan Johnson
(Address) Fayette, Mo.

15. Jan. 19, 1929 J. H. Halley
FILED REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) I/16/29 19

17. I HEREBY CERTIFY, That I attended deceased from Jan 8 1929 to Jan 10 1929 that I last saw h. alive on Jan 16 1929, and that death occurred, on the date stated above, at 3 m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Acute pneumocystic nephritis
130
1928 (duration) yrs. 2 mos. da.

CONTRIBUTORY (SECONDARY) uremia (duration) yrs. mos. 3 da.

18. WHERE WAS DISEASE CONTRACTED Taylor, Mo
IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH? no. DATE OF.....

WAS THERE AN AUTOPSY? no.

WHAT TEST CONFIRMED DIAGNOSIS? laboratory

(Signed) J. H. Halley, M. D.
1, 10, 19 29 (Address) Boonville, 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 Fayette DATE OF BURIAL I/19/29 19

20. UNDERTAKER Guy T. Halley, Fayette, Mo. ADDRESS

THIS IS A PERMANENT RECORD. PHYSICIANS should be stated EXACTLY. Exact statement of OCCUPATION is very important, so that it may be properly classified. CAUSE OF DEATH should be stated EXACTLY.

27
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26

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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH.

County Cooper Registration District No. 218 File No.
 Township Primary Registration District No. 3015 Registered No.
 City B (No.) St. Ward

2. FULL NAME Manuel 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. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M. 4. COLOR OR RACE B. 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) S.

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

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

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

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work
 (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)

10. NAME OF FATHER

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

12. MAIDEN NAME OF MOTHER

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

14.

INFORMANT (Address)

15.

FILED Jan 19 1929

J. H. McKinley
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) JAN 16 1929

17. I HEREBY CERTIFY, That I attended deceased from 19..... to 19.....
 (that I last saw h..... alive on..... 19....., and that death occurred, on the date stated above, at..... m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

acute Parenchymatous nephritis
uremia
 (duration) yrs. mos. ds.
 CONTRIBUTORY (SECONDARY)

18. Unknown
Wasserman negative
 (Address) M. D.

*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

20. UNDERTAKER ADDRESS

WHILE PRINTING, WITH UNFADING INK. THIS IS A PERMANENT RECORD

Every item of information should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain language, so that it may be properly classified. Exact statement of OCCUPATION is very important.

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW

SUPPLEMENTARY

785