23 1929

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

Do not use this space.

2698

1. PLACE OF DEATH

County Newton — Registration District No. 609 — File No. 8

Township — Primary Registration District No. 4363 — Registered No.

City Neosho (No. N. Young St. Ward)

2. FULL NAME William L. Johnson

(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: 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~~ Marie Johnson

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 11 1873

7. AGE: Years 55 — Months 7 — Days 16 — If LESS than 1 day, hrs. or min.

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) Missouri

PARENTS

10. NAME OF FATHER James Johnson
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Kentucky
12. MAIDEN NAME OF MOTHER Georgia Keller
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Indiana

14. INFORMANT Henry Bartlemei (Address) Neosho Mo

15. FILED 2-10, 1929 C. E. Manes REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 1-17 1929

17. I HEREBY CERTIFY, That I attended deceased from Aug 15, 1928 to Jan 17, 1929 that I last saw him alive on Jan 16, 1929, and that death occurred, on the date stated above, at 9:20 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic dilation of heart with chronic interstitial nephritis (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Not known (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? no
WHAT TEST CONFIRMED DIAGNOSIS? Laboratory

(Signed) [signature], M. D.
1/18, 1929 (Address) Neosho 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: Edmonds Cemetery — DATE OF BURIAL: 1/18 1929

20. UNDERTAKER: [signature] — ADDRESS: Neosho

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.

OCT 13 [illegible]