

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

Do not use this space.

11857

APR 30 1929
 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.

PLACE OF DEATH

County Phelps Co.

Registration District No. 677

File No. _____

Township Rolla

Primary Registration District No. 440.3

Registered No. 34

City Rolla Mo. (No. _____) St. _____ Ward _____

2. FULL NAME Miss John Johnson

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

(If nonresident give city or town and State)

Length of residence in city or town where death occurred 7 yrs. 0 mos. 0 ds. How long in U.S., if of foreign birth? None yrs. 0 mos. 0 ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male | 4. COLOR OR RACE White | 5. SINGLE, MARRIED, WIDOWED OR DIVORCED Child
(write the word)

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept 5, 1923

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
	5	4	19	

8. OCCUPATION OF DECEASED Child 210
(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) Covert Mich.
(STATE OR COUNTRY)

10. NAME OF FATHER Benjamin E. Johnson

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

12. MAIDEN NAME OF MOTHER Rosella H. Engstrom

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

14. INFORMANT Ben E. Johnson
(Address) Covert Mich.

15. FILED 3/24, 1929 Geo. F. Ayers REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 24 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:

Fractured skull and contused brain
(duration) _____ yrs. _____ mos. _____ ds.

CONTRIBUTORY (SECONDARY) Auto accident
(duration) _____ yrs. _____ mos. 217 ds.

18. WHERE WAS DISEASE CONTRACTED Ill
IF NOT AT PLACE OF DEATH _____

DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____
WAS THERE AN AUTOPSY? _____

WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) J. Schuyler McFarland, M. D.
(Address) Rolla, 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 Covert Mich. DATE OF BURIAL 3/26 1929

20. UNDERTAKER Null + Licklider ADDRESS Rolla Mo

Accident happened about 8 miles west of

Rolla on Highway 66 - Father driving car.

which skidded in loose gravel and turned

over.