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

Do not use this space.

14079

File No. .....

Registered No. 111

1. PLACE OF DEATH

County Cape Girardeau Registration District No. 125

Township " " " Primary Registration District No. 3009

City " " (No. St. Mo Hospital St. Ward)

2. FULL NAME John F Frederick Johnston

(a) Residence. No. 630 S. Spring St. St. Ward.

(Usual place of abode) St. Mo Hospital (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): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mrs. J. F. Johnston

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov. 16 1854

7. AGE: Years ~~75~~ 74 Months 4 ~~5~~ Days 22 If LESS than 1 day, ...hrs. or ....min.

8. OCCUPATION OF DECEASED

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

(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) Sweden

PARENTS

10. NAME OF FATHER Frederick Johnston

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

12. MAIDEN NAME OF MOTHER Unknown

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

14. INFORMANT Mrs. Louise Craig

(Address) Cape Girardeau, Mo

15. FILED 4/10/29 [illegible] REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Apr. 8 1929

17. I HEREBY CERTIFY, That I attended deceased from 3-29, 1929, to 4-8, 1929 that I last saw h.... alive on 4-7, 1929, and that death occurred, on the date stated above, at 3:05 A. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Myocarditis - (Mitral Regurgitation)

BC (duration) 4 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Thrombosis of Popliteal artery Gangrene of Leg (duration) yrs. mos. 8 ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? No DATE OF

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Clinical symptoms

(Signed) [illegible] M. D.

4-10, 1929 (Address) Cape Girardeau 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 Fairmont — DATE OF BURIAL Apr. 10 1929

20. UNDERTAKER [illegible] Brinkopf — ADDRESS 536 Broadway

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.

16 2 8 4 23 1929 68 24 24 24

Popliteal