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

Do not use this space.

38302

1. PLACE OF DEATH

County St. Louis, Registration District No. 1123 File No.

Township CARONDELET Primary Registration District No. 6248 B, Registered No. 423

City ~~Jefferson Barracks~~, Mo. U.S. Veterans Hosp. Jefferson Barracks, Mo. Ward)

2. FULL NAME Alvie S. Johnson,

(a) Residence. No. 432 Hickman Str., Centralia, Mo. Ward. (If nonresident give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred Un yrs. kn mos. own ds. How long in U.S., if of foreign birth? — yrs. — mos. — ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Male	white	Widower

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mrs. A. S. Johnson (Deceased)

6. DATE OF BIRTH (MONTH, DAY AND YEAR) February 20, 1888

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ... min.
~~41~~	41	9	9	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer) -----
(c) Name of employer - - -

9. BIRTHPLACE (CITY OR TOWN) Monroe City,
(STATE OR COUNTRY) Missouri

PARENTS

10. NAME OF FATHER Unavailable
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Unavailable
(STATE OR COUNTRY) Unavailable
12. MAIDEN NAME OF MOTHER Unavailable
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Unavailable
(STATE OR COUNTRY) Unavailable

14. INFORMANT L. A. BRADBURY, M.D.
(Address) Acting Clinical Director, U.S. Vet. Hosp. Jefferson Brks., Mo.

15. FILED 11/29, 1929 L. C. Obrock REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) November 29, 1929

17. I HEREBY CERTIFY, That I attended deceased from August 28, 1929, to November 29, 1929 that I last saw him alive on November 29, 1929, and that death occurred, on the date stated above, at 1:10 A.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cirrhosis of liver (Portal type)

(duration) Un yrs. kn mos. own ds.

CONTRIBUTORY (SECONDARY) ----

(duration) ... yrs. ... mos. ... ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? Unknown
DID AN OPERATION PRECEDE DEATH? No. DATE OF --
WAS THERE AN AUTOPSY? Yes
WHAT TEST CONFIRMED DIAGNOSIS? Clinical course, physical findings and autopsy.

(Signed) C. H. SMITH, M.D., Medical Officer, in temporary charge.
, 19 (Address) U.S. Vet. Hosp. Jefferson Barracks, 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 Centralia Mo
DATE OF BURIAL 11/30 1929

20. UNDERTAKER Hoffmeister Undtkg. & Livery Co.
ADDRESS St. Louis, Mo.

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.