53
AN 2 1930

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

Do not use this space.

1. PLACE OF DEATH
County Laclede — Registration District No. 9512 — File No. 41216
Township Franklin — Primary Registration District No. 17516 — Registered No.
City (No. St. Ward)

2. FULL NAME Child of Elmer Johnson Not Named
(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: W
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) Dec 27th 1929

7. AGE — YEARS — MONTHS — DAYS: 6 hrs. — 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) Laclede Co.
(STATE OR COUNTRY) Mo

PARENTS
10. NAME OF FATHER Elmer Johnson
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Laclede Co.
(STATE OR COUNTRY) Mo.
12. MAIDEN NAME OF MOTHER Mattie Cook
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Laclede Co.
(STATE OR COUNTRY) Mo.

14. INFORMANT W. E. Johnson
(Address) Lebanon Mo.

15. FILED Dec, 1929 Isabell Lewis
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 27th 1929

17. I HEREBY CERTIFY, That I attended deceased from Dec 27, 1929, to Dec 27, 1929, that I last saw him alive on Dec 27, 1929, and that death occurred, on the date stated above, at 12 noon m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Premature
15
(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 16 hrs
(duration) yrs. mos. 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? Physical Exam.
(Signed) P. Thompson, M. D
, 19 (Address) Lebanon 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: Whitson Cemetery — DATE OF BURIAL: 12/28 1929

20. UNDERTAKER: Palmer — ADDRESS: Lebanon

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should make CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.