FEB 18 1930

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

Do not use this space.

Geo. Dr. Haggaboom

File No. 781

Registered No.

1. PLACE OF DEATH

County Greene — Registration District No. 318

Township — Primary Registration District No. 2001

City Springfield, Mo. (No. St. John's Hospital St. Ward)

2. FULL NAME Merritt Johnson

(a) Residence. No. Cabool, Mo. 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.

3 9 3 5 1

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 18, 1904

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	25	6	22	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Oil Dispenser

(b) General nature of industry, business, or establishment in which employed (or employer) Truck driver

(c) Name of employer

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9. BIRTHPLACE (CITY OR TOWN) Cabool
(STATE OR COUNTRY) Missouri

1

PARENTS

10. NAME OF FATHER John Johnson

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

12. MAIDEN NAME OF MOTHER Elsie Beckett

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Shelby Co.
(STATE OR COUNTRY) Ill.

2

14. INFORMANT Father, John J. Johnson
(Address) Cabool, Mo.

15. FILED 1-10, 1930 Lon Sharp REGISTRAR

MEDICAL CERTIFICATE OF DEATH

1

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan. 10 1930

17. I HEREBY CERTIFY, That I attended deceased from Jan 5 1930, to Jan 10, 1930 that I last saw him alive on Jan 9, 1930, and that death occurred, on the date stated above, at 4A m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Basal Skull Fracture
Oil truck overturned on highway near Cabool Mo (duration) yrs. mos. 5 ds.

CONTRIBUTORY (SECONDARY) 210M (duration) yrs. mos. ds.

1880

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? Cabool, Mo

0 DID AN OPERATION PRECEDE DEATH? No DATE OF

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Examination

(Signed) Geo Haggaboom, M.D.

Jan 10, 1930 (Address) Medical Arts Bldg

*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 Cabool, Mo.

DATE OF BURIAL 1-12 1930

20. UNDERTAKER Alma Lahmeyer Funeral Home

ADDRESS Springfield Missouri

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.