

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

Do not use this space.

16615

1. PLACE OF DEATH

County Lawrence
Township Lincoln
City Miller (No., St., Ward)

Registration District No. 4-6-9
Primary Registration District No. 6-630

File No.
Registered No. 6

2. FULL NAME Lewis Johns

(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) Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 2-2-1850

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
80 3 28

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) Osage County Mo.
(STATE OR COUNTRY)

10. NAME OF FATHER unknown

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

12. MAIDEN NAME OF MOTHER unknown

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

14. INFORMANT Mrs. Nancy Johns
(Address) Miller Mo.

15. FILED 6-1-30 W. & B. Boney
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 6-30 1930

17. I HEREBY CERTIFY, That I attended deceased from 5-29, 1930 to 6-30, 1930 that I last saw him alive on 5-30, 1930, and that death occurred, on the date stated above, at m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Pulmonary Tuberculosis
2-3A
(duration) yrs. mos. ds.
CONTRIBUTORY (SECONDARY) 31
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

0 DID AN OPERATION PRECEDE DEATH? Y DATE OF.....

WAS THERE AN AUTOPSY? Y

WHAT TEST CONFIRMED DIAGNOSIS Sputum test

(Signed) W. & B. Boney, M. D.

, 19 (Address) Miller 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 Pleasant Grove DATE OF BURIAL 5-31-1930

20. UNDERTAKER J. K. Morris & Leiman ADDRESS Miller 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.

JUN 26 1930

