

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

Do not use this space.

18429

**1. PLACE OF DEATH**

County Washington  
Township Union  
City (No. ....) .....

Registration District No. 887  
Primary Registration District No. 4182

File No. ....  
Registered No. 357 .....

**2. FULL NAME**

(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) Divorced

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 4/20-1861

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, ..... hrs. or ..... min.  
69 0 15

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work. Miner  
(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) Kentucky

10. NAME OF FATHER Isaac Johnson

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

12. MAIDEN NAME OF MOTHER Mary Willis

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

14. INFORMANT Benjamin Johnson

(Address) Cast Mo.

15. FILED 5-6, 1930 Jos. L. Thurman REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 5 1930

17. I HEREBY CERTIFY, That I attended deceased from May 1, 1930, to May 5, 1930 that I last saw him alive on May 1, 1930 and that death occurred, on the date stated above, at 1-9 a.m.

**THE CAUSE OF DEATH WAS AS FOLLOWS:**

Cerebral Hemorrhage  
83A  
97

(duration) yrs. mos. 5 ds.

CONTRIBUTORY (SECONDARY) Arteriosclerosis

(duration) 2 yrs. mos. .... ds.

**18. WHERE WAS DISEASE CONTRACTED**

IF NOT AT PLACE OF DEATH Home

9 DID AN OPERATION PRECEDE DEATH? DATE OF .....

WAS THERE AN AUTOPSY? .....

**WHAT TEST CONFIRMED DIAGNOSIS?**

(Signed) A. J. Stewart, M. D.

3/4/1930 (Address) Potosi 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**

**DATE OF BURIAL**

Potosi Mo. 5/6 1930

**20. UNDERTAKER**

**ADDRESS**

J. B. Boyer San Potosi 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.

1934