

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.

SEP 24 1930

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

Do not use this space.
Feller
26451

1. PLACE OF DEATH

County Greene Registration District No. 318
Township Primary Registration District No. 2001
City Springfield Mo No. 1019 W. Webster St. Ward

File No.
Registered No. 664
St. Ward

2. FULL NAME

James Thomas Johnson
(a) Residence No. 1019 W. Webster 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. 6 da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Baby</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>July 3 1930</u>		
7. AGE	YEARS	MONTHS
	<u>One</u>	<u>27</u>
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work <u>Baby</u> (b) General nature of industry, business, or establishment in which employed (or employer) (c) Name of employer		

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug 31 1930

17. I HEREBY CERTIFY That I attended deceased from 8-25 1930, to 8-31 1930 that I last saw him alive on 8-31 1930, and that death occurred, on the date stated above, at Lockwood Mo.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Septicemia, General.

(duration) yrs. mos. 7 da.

CONTRIBUTORY (SECONDARY) unknown
(duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED Lockwood Mo
IF NOT AT PLACE OF DEATH: Lockwood Mo

DID AN OPERATION PRECEDE DEATH? No DATE OF

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) C. Feller J. Feller M. D.
2 1930 (Address) Springfield 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 <u>Memorial Park</u>	DATE OF BURIAL <u>Sept 2 1930</u>
20. UNDERTAKER <u>F. C. Phiens</u>	ADDRESS <u>Springfield Mo</u>

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

10. NAME OF FATHER Terryl F Johnson

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

12. MAIDEN NAME OF MOTHER Reba S. & Arthur

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

14. INFORMANT Mrs. T. F. Johnson
(Address) Lockwood Mo

15. FILED 9-2 1930 Tom Sharp
REGISTRAR

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