

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 state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

NOV 25 1930

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

Do not use this space.

33338

1. PLACE OF DEATH

County Jefferson
Township Patton
City Desoto Mo.

Registration District No. H 20
Primary Registration District No. 20 W

File No. 33338
Registered No. 1A
St. _____ Ward) _____

2. FULL NAME

(a) Residence. No. 205 N. Second St. _____ Ward. _____

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M. 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) MAY 20 - 1853

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
77 5 11

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work machinist
(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) Mo.

10. NAME OF FATHER James Johnston

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

12. MAIDEN NAME OF MOTHER Catharine Beaver

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

14. INFORMANT Mrs. Etta McAnally
(Address) 4031 1/2 Belmont on St Louis Mo

15. FILED 11/3 1930 D. L. Paegle REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct. 30 ²³⁰ _{AM} 1930

17. I HEREBY CERTIFY, That I attended deceased from Oct 29, 1930 to Oct 30, 1930, that I last saw him alive on Oct 29, 1930, and that death occurred, on the date stated above, at 2302 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cerebral Hemorrhage
Ex. 12

(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY)

(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? DATE OF _____
WAS THERE AN AUTOPSY? _____

WHAT TEST CONFIRMED DIAGNOSIS
(Signed) David Ford M. D.

Oct 31, 1930 (Address) Desoto 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 Nov 1 1930
1930

City Cemetery, Desoto Mo.

20. UNDERTAKER

ADDRESS Desoto Mo.

Richardson - Motherhead

