

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

Do not use this space.

13174

File No. \_\_\_\_\_  
Registered No. 86  
St. \_\_\_\_\_ Ward \_\_\_\_\_

1. PLACE OF DEATH  
County Boone Registration District No. 73  
Township \_\_\_\_\_ Primary Registration District No. 3006  
City Columbia (No. University Hospital)  
2. FULL NAME Albert Johnson  
(a) Residence No. Hilton for Easley Mo 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**

**MEDICAL CERTIFICATE OF DEATH**

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Single  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Single 20  
6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan 14 1909  
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
22      2      28  
8. OCCUPATION OF DECEASED  
(a) Trade, profession, or particular kind of work. Best Emp  
(b) General nature of industry, business, or establishment in which employed (or employer). Arrow Rock  
(c) Name of employer Pasie

16. DATE OF DEATH (MONTH, DAY AND YEAR) 4-12-1931  
17. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_  
April 12, 1931, to \_\_\_\_\_, 19  
that I last saw h. x alive on \_\_\_\_\_, 19, and that death occurred, on the date stated above, at 11:30 a. m.

THE CAUSE OF DEATH WAS AS FOLLOWS:  
Was struck by freight train on M.K. & T. RR. about 1/2 miles West of Wilson. Accidental - Boone County, Mo.  
CONTRIBUTORY Skull fracture - leg broken - (FEDERAL) cuts & bruises - struck at 4:30 a.m. died at 11:30 a.m.  
18. WHERE WAS DISEASE CONTRACTED this hospital.  
IF NOT AT PLACE OF DEATH \_\_\_\_\_  
DID AN OPERATION PRECEDE DEATH? no DATE OF \_\_\_\_\_  
WAS THERE AN AUTOPSY? Yes  
WHAT TEST CONFIRMED DIAGNOSIS \_\_\_\_\_  
(Signed) E. H. Davis, Leonard M.D.

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pasie Indiana  
10. NAME OF FATHER Sam Johnson  
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Unionville Ind  
12. MAIDEN NAME OF MOTHER Maud Waters Jones  
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Indiana

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Asheum Cem DATE OF BURIAL Apr 14 1931  
20. UNDERTAKER R. W. Weert ADDRESS Columbia

14. INFORMANT Sam Johnson (Address) Easley  
15. FILED 4/14/31 F. C. Suggette REGISTRAR  
by Selby

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.

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BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH.  
 County Boone Registration District No. 73 File No. \_\_\_\_\_  
 Township \_\_\_\_\_ Primary Registration District No. 2006 Registered No. 86  
 City Columbia No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Wm Albert Johnson  
 (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 S (write the word)

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) \_\_\_\_\_

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

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) \_\_\_\_\_ (STATE OR COUNTRY) \_\_\_\_\_

10. NAME OF FATHER \_\_\_\_\_

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

12. MAIDEN NAME OF MOTHER \_\_\_\_\_

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

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) 4 - 12 1931

17. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred, on the date stated above, at \_\_\_\_\_ m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Struck by train on M. & T. R.R. accidental. Boone Co. Mo.  
 (duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

CONTRIBUTORY (SECONDARY) Skull fractured - leg broken  
Many cuts & bruises (duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

18. WHERE WAS DISEASE CONTRACTED No auto mobil involved.

IF NOT AT PLACE OF DEATH: \_\_\_\_\_

DID AN OPERATION PRECEDE DEATH: \_\_\_\_\_ DATE OF \_\_\_\_\_

WHAT TEST CONFIRMED DIAGNOSIS: \_\_\_\_\_

(Signed) \_\_\_\_\_, M. D.  
 \_\_\_\_\_, 19\_\_\_\_ (Address)

\*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.

14. INFORMANT \_\_\_\_\_ (Address) \_\_\_\_\_

15. FILED 6/20/1931 F. C. Suggert REGISTRAR  
by Betty

19. PLACE OF BURIAL, CREMATION, OR REMOVAL \_\_\_\_\_ DATE OF BURIAL \_\_\_\_\_ 19\_\_\_\_

20. UNDERTAKER \_\_\_\_\_ ADDRESS \_\_\_\_\_

SUPPLEMENTARY

REC. CAR'S SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW  
 Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS' should state DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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