

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.

JUL 23 1931

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

Do not use this space.

20453

1. PLACE OF DEATH

County Andrew Registration District No. 26
Township Sutton Primary Registration District No. 3002
City Meyer Mo 414 W. McKelley

File No. _____
Registered No. 79
St. _____ Ward _____

2. FULL NAME

Crest-F. 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. da. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED OR DIVORCED HUSBAND OF (OR) WIFE OF Sarah Johnson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov-22-1904

7. AGE YEARS 25 MONTHS 7 DAYS 28 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Meyer Mo

13. NAME H. O. Johnson

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New Jersey

15. MAIDEN NAME Ottie Filmer

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

17. INFORMANT Ottie Johnson (ADDRESS) Meyer Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Meyer DATE 6/22nd '31

19. UNDERTAKER H. O. Brock (ADDRESS) Meyer Mo

20. FILED June 21 1931 Ira S. Milligan Registrar

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 20, 1931

22. I HEREBY CERTIFY, That I attended deceased from June 16, 1931, to June 20, 1931. I last saw him alive on June 20, 1931. Death is said to have occurred on the date stated above, at 11:30 P.m.

The principal cause of death and related causes of importance were as follows:

Flu became by conspicuous grippe Pyria
11B
15B
36
Other contributory causes of importance: Flu

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____
Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____ (Signed) G. F. Toolan, M. D.
(Address) Meyer Mo

OCT 28 1953