

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

Dr. Zell
Do not use this space.

1. PLACE OF DEATH

County Greene Registration District No. 318 File No. 31053
 Township Springfield Primary Registration District No. 7001 Registered No. 714
 City (No. Springfield Hosp St. _____ Ward _____)

2. FULL NAME

(a) Residence, No. R # 3 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 <u>Male</u>	4. COLOR OR RACE <u>wh</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Mrs Jean Johnson</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Jan 16 - 1884</u>		
7. AGE	YEARS <u>42</u>	MONTHS <u>8</u>
	DAYS <u>14</u>	If LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Engineer</u>	
	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
FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo.</u>	
	13. NAME <u>W. M. Johnson</u>	
MOTHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Iowa</u>	
	15. MAIDEN NAME <u>Mary Ann Benlew</u>	
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ind.</u>		
17. INFORMANT <u>Essie Johnson</u> (ADDRESS) <u>24th St</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Greenlawn</u> DATE <u>10-2</u> , 19 <u>31</u>		
19. UNDERTAKER (ADDRESS) <u>W. A. Zell</u>		
20. FILED <u>10-2</u> , 19 <u>31</u> <u>W. A. Zell</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-30-1931

22. I HEREBY CERTIFY, That I attended deceased from Sept 27, 1931, to Sept 30, 1931.
 I last saw him alive on Sept 30, 1931. Death is said to have occurred on the date stated above, at 8:40 a.m.
 The principal cause of death and related causes of importance were as follows:
Sleep occurs infection following compound fracture left femur and ribs
 Other contributory causes of importance:
210 210 M
36
 23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? accidental of injury Sept 27, 1931
 Where did injury occur? Public Highway
 (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.
 Manner of injury auto wreck (collision)
 Nature of injury comp fracture femur

24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify _____
 (Signed) W. A. Zell M. D.
 (Address) Springfield Mo

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.

OCT 22 1931

