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 24 1931

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

Do not use this space.

37217

1. PLACE OF DEATH
County Cooper — Registration District No. ..... — File No. 110
Township ✓ — Primary Registration District No. ..... — Registered No. 218
City Boonville (No. ..... , ... St. ..... Ward)

2. FULL NAME Theodore Johnson

(a) Residence, No. ..... St., ... Ward. ..... (If nonresident, give city or town and State)
(Usual place of abode)
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 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 France Johnson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 4th 1896

7. AGE — YEARS 35 — MONTHS 5 — DAYS 3 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Mechanist
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Rock Island Shops Manley Iowa
10. Date deceased last worked at this occupation (month and year) Year Last Sept.
11. Total time (years) spent in this occupation 7 Years

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ~~[illegible]~~ Iowa

FATHER
13. NAME Joe Johnson
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Norway

MOTHER
15. MAIDEN NAME Elizabeth Johnson
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wisconsin

17. INFORMANT (ADDRESS) Frances Johnson Fortuna, Mo

18. ~~BURIAL, CREMATION, OR~~ REMOVAL
PLACE Tipton Mo DATE Nov 7th 1931

19. UNDERTAKER (ADDRESS) Jewell E Richards Tipton Mo by Herman Schuetzky Boonville Mo

20. FILED Nov 7, 1931 G. A. Russell Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 7th, 1931

22. I HEREBY CERTIFY, That I attended deceased from April 24, 1931, to Nov 7, 1931
I last saw him alive on Nov 7, 1931. Death is said to have occurred on the date stated above, at 3:25 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pyelonephritis	1[illegible]
with Stone formation	1[illegible]
of left and right kidney	1[illegible]

Other contributory causes of importance:
Died with from uremia.

Name of operation Nephrostomia of left and right kidney Date of May 1931 Oct 1931
What test confirmed diagnosis? operation 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? no
If so, specify .....
(Signed) Alexy Ravenaway, M. D.
(Address) Boonville Mo