

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

Do not use this space.

1715

1. PLACE OF DEATH

County Macon
Township Rya
City Atlanta (No. _____)

Registration District No. 526
Primary Registration District No. 5700

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

2. FULL NAME

(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 20 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 Anna Johnson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 30, 1865

7. AGE YEARS 66 MONTHS 34 DAYS 26 If LESS than 1 day, _____ hrs. or _____ min.

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

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

10. Date deceased last worked at this occupation (month and year) Jan. 2, 1932 11. Total time (years) spent in this occupation 5 yrs

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Macon Co Mo

13. NAME Chas Johnson

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

15. MAIDEN NAME Eliza Hair

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

17. INFORMANT Anna Johnson (ADDRESS) Atlanta Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Not labor DATE Jan 18, 1932

19. UNDERTAKER Funerary (ADDRESS) Atlanta Mo

20. FILED Feb. 8 1932 A. L. Cambre Registrar.

4 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 16, 1932

22. I HEREBY CERTIFY, That I attended deceased from 1-15, 1932, to 1-16, 1932

I last saw him alive on 1-16, 1932 Death is said

to have occurred on the date stated above, at 5 P.M.

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

Myocardial Degeneration Date of onset _____
Dilatation of Right Ventricle
with passive congestion of
lunary 80
930

Other contributory causes of importance:

Labes dorsalis of eighth
no stroke
94B

Name of operation _____ Date of _____

What test confirmed diagnosis Labatory 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 (1)

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify _____

(Signed) A. L. Cambre, M. D.

(Address) Atlanta Mo

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.

61 FEB 24 1932

