

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

Do not use this space.

25034

1. PLACE OF DEATH
 County Schuyler Registration District No. 802
 Township Paris Primary Registration District No. 44 J
 City Downing (No.) St. Ward

2. FULL NAME William Preston 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec 29-1861

7. AGE 70 YEARS MONTHS 7 DAYS 1 If LESS than 1 day, hrs. or min.

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

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) Demison Tex

13. NAME Thomas Johnson

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

15. MAIDEN NAME Elizabeth Bradley

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) 31

17. INFORMANT Ella Johnson Wife
(ADDRESS) Downing

18. BURIAL, CREMATION, OR REMOVAL PLACE Downing Mo DATE July 10 1932

19. UNDERTAKER Robert Moore
(ADDRESS) Downing Mo

20. FILED July 7 1932 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 8 1932

22. I HEREBY CERTIFY, That I attended deceased from March 1932 to July 1 1932
 I last saw him alive on July 7 1932 Death is said to have occurred on the date stated above, at 6 a.m.
 The principal cause of death and related causes of importance were as follows:
Coronary Heart Failure
Ischemic Heart Disease
 Date of onset

Other contributory causes of importance: 9, 10, 11

Name of operation Date of

What test confirmed diagnosis? ✓ Was there an autopsy?

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) H. E. Gerwig M. D.
 (Address) Downing 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.

18-1-3
 3
 FILE 27 1932

