

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

Do not use this space.

29523

1. PLACE OF DEATH
 County Jackson Registration District No. 399
 Township Bar Primary Registration District No. 4002
 City Ballwin, City (No. Law 22) Hospital
 2. FULL NAME Richard G. Johnson
 (a) Residence, No. 17 1/2 Bellvue St. St. 3 Ward.
 (Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

File No. _____
 Registered No. 3015
 St. _____ Ward _____

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE negro. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Maddy Johnson
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar. 8 - 1981
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
51 6 21
 8. Trade, profession, or particular kind of work done, as splanner, sawyer, bookkeeper, etc. Fire Knocker
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Burlington P.H.
 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) Gilmore Texas
 13. NAME Henry Johnson
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Betty Texas
 15. MAIDEN NAME unknown
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown
 17. INFORMANT Mrs. Vernetta Wilson
 (ADDRESS) 125 Parkdown Blvd.
 18. BURIAL, CREMATION, OR REMOVAL PLACE Maile Hill Cem. DATE Oct 12, 1971
 19. UNDERTAKER Adkins Bros.
 (ADDRESS) 1100 E. 12 St.
 20. FILED 10/11 3:23 M. G. Crane
Asst. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-29-32
 22. I HEREBY CERTIFY, That I attended deceased from _____ 19____
 I last saw him alive on _____ 19____ Death is said to have occurred on the date stated above, at 1:55 a.m.
 The principal cause of death and related causes of importance were as follows:
Medical Negligence
924 G. S. D.
 Other contributory causes of importance:
 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) Deputy Coroner M. D.
 (Address) _____

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.

