

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.

APR 24 1933
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**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

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1. PLACE OF DEATH

County Yernox
Township Moundville
City Moundville (No.)

Registration District No. 874
Primary Registration District No. 45-28

File No. 31250
Registered No.
St. Ward)

2. FULL NAME

D. H. Johnson

(a) Residence, No. St. Ward.
(Usual place of abode)

Length of residence in city or town where death occurred 18 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

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 husband of Rebecca Johnson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 6, 1860

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	<u>71</u>	<u>10</u>	<u>19</u>	

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

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) Pike Co., Ill.

13. NAME D. H. Johnson

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pike Co., Ill.

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS) Moundville, Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Helbon DATE Oct 26 1932

19. UNDERTAKER (ADDRESS) Mike Cherry

20. FILED Oct. 28 1933 H. C. Easton
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 24, 1932

22. I HEREBY CERTIFY, That I attended deceased from July 8, 1932 to Oct. 22, 1932
I saw h. alive on Oct. 22, 1932 Death is said to have occurred on the date stated above, at 7:50a m.
The principal cause of death and related causes of importance were as follows:

Myocarditis
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Date of onset no
no

Other contributory causes of importance: —

Name of operation none Date of

What test confirmed diagnosis?

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? L 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 no
(Signed) J. D. Combs M. D.
(Address) Bronaugh Mo

