

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

Do not use this space.

35308

1. PLACE OF DEATH

County Franklin
Township Salm
City (No.) St. Ward

Registration District No. 290
Primary Registration District No. 5408

File No.
Registered No. 62 133

2. FULL NAME

(a) Residence, No. St. Ward.
(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. (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 Currency Johnson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 17 1892

7. AGE YEARS 40 MONTHS 6 DAYS 26 If LESS than 1 day, hrs. or min.

OCCUPATION 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. Farming
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) Ind 1

FATHER 13. NAME Alfred Johnson

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

MOTHER 15. MAIDEN NAME Caroline Smith

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky 2

17. INFORMANT (ADDRESS) Erin Johnson

18. BURIAL, CREMATION, OR REMOVAL PLACE Saratoga Cemetery DATE 11-14 1932

19. UNDERTAKER (ADDRESS) McDaniel Turner, Co. French, Mo.

20. FILED 12/13 1932 A. Glenn Davis, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11-13 1932

22. I HEREBY CERTIFY, That I attended deceased from 11-9 1932 to 11-13 1932

I last saw him alive on 11-12 1932 Death is said to have occurred on the date stated above, at CA m.

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

Lobar Pneumonia
38
38
38

Date of onset 11-5-32

Other contributory causes of importance:

Malaria fever 1 month

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. W. Spindel M. D.
(Address) Saratoga, Mo.

WRITE FULLY, 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.

JAN 9 1933

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