

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.

JAN 9 1933

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

*Incher*

Do not use this space.

35432

1. PLACE OF DEATH  
 39 County Greene Registration District No. 318  
 3 Township Springfield Primary Registration District No. 2001  
 5 City Springfield (No. 2134, N. Oakland)  
 2. FULL NAME Isaac G. Johnston  
 (a) Residence, No. 2134 N. Oakland St.,          Ward. (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.

File No.           
 Registered No. 817  
 St.          Ward)         

PERSONAL AND STATISTICAL PARTICULARS

3-SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widower  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF           
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 2 1878  
 7. AGE YEARS 54 MONTHS 7 DAYS ? If LESS than 1 day, ..... hrs. or ..... min.  
 OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer 1  
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farm  
 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) Mo. 1  
 FATHER 13. NAME Tom Johnston  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.  
 MOTHER 15. MAIDEN NAME Margureth Pressley  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.  
 17. INFORMANT Tip Johnston (ADDRESS) Springfield, Mo.  
 18. BURIAL, CREMATION, OR REMOVAL Highway Grove Cemetery DATE Nov 28 1932  
 19. UNDERTAKER (ADDRESS) W. Klingner & Co., Springfield, Mo.  
 20. FILED Nov 28 1932 Ralph Langston Registrar.

MEDICAL CERTIFICATE OF DEATH

3 21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 24 1932  
 22. I HEREBY CERTIFY, That I attended deceased from Nov 13, 1932, to Nov 24, 1932  
 I last saw him alive on Nov 27, 1932 Death is said to have occurred on the date stated above, at 8 P. m.  
 The principal cause of death and related causes of importance were as follows:  
General Anasarca Date of onset           
13/12/31  
9/21/31  
 Other contributory causes of importance:  
Valvular Heart Trouble  
and Nephritis (Chronic)  
 Name of operation          Date of           
 What test confirmed diagnosis          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           
 Nature of injury           
 24. Was disease or injury in any way related to occupation of deceased? no  
 If so, specify           
 (Signed)          M. D.  
 (Address) 200 1/2 W. Conl St.

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