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.

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

Do not use this space.

797

1. PLACE OF DEATH

30 County Dallas — Registration District No. 247 — File No.

Township Washington — Primary Registration District No. 5342 — Registered No. 2

City ..... (No. ..... St. ..... Ward)

2. FULL NAME David Ray 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 (*write* the word)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 26-1932

7. AGE — YEARS: — MONTHS: 3 — DAYS: 6 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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

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) Dallas Co Mo

FATHER

13. NAME D Ray Johnson

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

MOTHER

15. MAIDEN NAME Della May Dunn

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dallas Mo

17. INFORMANT (ADDRESS) Marion Buttram Phillipsburg Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE Harmony DATE Jan 1 1933

19. UNDERTAKER (ADDRESS) None

20. FILED 1-11- 1933 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-1- 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan. 1st 1933, to Jan. 1st 1933

I last saw him alive on Jan. 1st 1933. Death is said to have occurred on the date stated above, at 4 P. m.

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

	Date of onset
Gastro Enteritis	12-25-32
117B	
119	

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) W. R. Summers, M. D.

(Address) Conway, Mo.