

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

Do not use this space.

2726

1. PLACE OF DEATH

83 County Platte Registration District No. 696
 4 Township Conover Primary Registration District No. 4418
 3 City Platte City (No. _____) St. _____ Ward _____

2. FULL NAME

R. Dean 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) Single
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar-29-1874
 7. AGE YEARS 58 MONTHS 9 DAYS 6 IF LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Drug store
 10. Date deceased last worked at this occupation (month and year) 5 yrs. 11. Total time (years) spent in this occupation 40 yrs.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Platte Mo.

13. NAME Richard M. Johnson

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Georgetown Mo.

15. MAIDEN NAME Judith Belmont

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

17. INFORMANT (ADDRESS) Howard Harrison 1823 Edgewood Blvd. Platte Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Belton Mo. DATE Jan 9 1933

19. UNDERTAKER (ADDRESS) D. F. Pollock Platte City Mo.

20. FILED Mar-9 1933 Mary B. Knight Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 5 1933
 22. I HEREBY CERTIFY That I attended deceased from Jan 2nd 1933 to Jan 4th 1933
 I last saw him alive on Jan 4th 1933. Death is said to have occurred on the date stated above, at 3 P. m.
 The principal cause of death and related causes of importance were as follows:

Bright Disease Date of onset Jan 2nd
Asthma 6 yrs.
 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. _____

Character of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify _____
 (Signed) Chas. D. Freshard, M. D.
 (Address) Platte City, Mo.

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.

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