

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

Do not use this space.

1. PLACE OF DEATH

County Wright Registration District No. 908 File No. 4576-1
Township Madison Primary Registration District No. 6322 Registered No. 9
City _____ (No. _____) St. _____ Ward _____

2. FULL NAME

(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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 24 1932

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
7 6 15 12

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

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) La

13. NAME Albert Johnson

14. BIRTHPLACE (CITY OR TOWN), (STATE OR COUNTRY) La

15. MAIDEN NAME Mary Alice Schooley

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

17. INFORMANT Clara Johnson
(ADDRESS) Monrovia

18. BURIAL, CREMATION, OR REMOVAL PLACE Lone Star DATE 1/7 1933

19. UNDERTAKER (ADDRESS) name

20. FILED 3/30 1933 J. H. Hubert
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1/6 1933

22. I HEREBY CERTIFY, That I attended deceased from 1/4 1933 to 1/6 1933
I last saw him alive on 1/4 1933. Death heard to have occurred on the date stated above, at 12:30 A.M.

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

Stroke & Pneumonia
Date of onset _____
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 _____ 1933
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 laboratory
(Signed) J. H. Hubert, M. D.
(Address) Monrovia

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.

APR 24 1933

