

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

Do not use this space.

6121

1. PLACE OF DEATH

County Jasper
Township Livingston
City 4 mi NE of Carefree

Registration District No. 406
Primary Registration District No. 5560

File No. _____
Registered No. 8
St. _____ Ward _____

2. FULL NAME

George Washington Johnson

(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred 50 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 Margaret E. Johnson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 28-1855

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, _____ hrs. or _____ min.
77 10 28

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Farmer
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) 1923 11. Total time (years) spent in this occupation. 50 yrs

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jasper, Mo

13. NAME Peter R Johnson

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

15. MAIDEN NAME Mary Maxey

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) N.Y.

17. INFORMANT Eva Miller (ADDRESS) 200 Spring St. Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Livingston Quarters DATE Mar 1 1933

19. UNDERTAKER C. B. Ross (ADDRESS) Carefree, Mo.

20. FILED 2-28 1933 Chas. Rowley Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 26 1933

22. I HEREBY CERTIFY, That I attended deceased from May 3 1922 to Feb. 26 1933

I last saw him alive on Feb. 26 1933 Death is said to have occurred on the date stated above, at 10:30 a.m.

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

Cancer of Bowels Date of onset 1922
Cancer of Sigmoid Dec. 14

Other contributory causes of importance: 460

Name of operation none Date of _____

What test confirmed diagnosis? Usual symptoms 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? ✓

If so, specify Ottis L. Decker (Signed) 501-2 Friess Bldg (Address) Joplin, Mo. D.O.

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 22 1933

