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.

26061-A

JAN 26 1934

1. PLACE OF DEATH

County Douglas — Registration District No. 974 — File No.

Township Spring creek — Primary Registration District No. 5382 — Registered No.

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

2. FULL NAME George Washington Johnson.

(a) Residence. No. Smallette Mo St., ... Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 50 yrs. 8 mos. 0 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
M	White	Widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 18 1843

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, 6 hrs. or min.
	89		13	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Farmer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Scot Co
(STATE OR COUNTRY) Verginia

PARENTS

10. NAME OF FATHER William Johnson

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Itla.
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) unknown

14. INFORMANT Mack Johnson
(Address) Smallette Mo

15. FILED Jan 8 1934 Dora Mendel REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug 1 1932

17. I HEREBY CERTIFY, That I attended deceased from July 15 ~~Jan~~, 1932, to July 30, 1932 that I last saw him alive on July 30, 1932, and that death occurred, on the date stated above, at 11 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Oldage Broke down by Shingles.

(duration) yrs. 1 mos. ds.

CONTRIBUTORY (SECONDARY)

(duration) yrs. mos. ds.

163

18. WHERE WAS DISEASE CONTRACTED?

IF NOT AT PLACE OF DEATH? Home

DID AN OPERATION PRECEDE DEATH? no DATE OF

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Medical test

(Signed) J C Ellis, M. D.

, 19 (Address) Rome Mo.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Spring Creek Cemetary — DATE OF BURIAL Aug 2 1932

20. UNDERTAKER People. — ADDRESS