

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

Do not use this space.

28575

**1. PLACE OF DEATH**

County Sullivan Registration District No. 879  
 Township Buchanan Primary Registration District No. 613  
 City..... (No..... St. .... Ward)

**2. FULL NAME**

Glenn Edwin 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. da.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>X</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Jan 3 1923</u>		
7. AGE YEARS <u>10</u>	MONTHS <u>7</u>	DAYS <u>20</u>
		If LESS than 1 day, ..... hrs. or ..... min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>child</u>	
	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) Sullivan Co Mo  
 (STATE OR COUNTRY)

FATHER 13. NAME Frank Johnson

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

MOTHER 15. MAIDEN NAME Nellie Butler

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

17. INFORMANT Frank Johnson  
 (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL  
 PLACE Green Route Mo DATE Aug 24 1933

19. UNDERTAKER Glenn E. Keist  
 (ADDRESS) Green City Mo

20. FILED Sep-3 1933 Hub. Kabe Lane  
 Registrar.

**2. MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 23 1933

22. I HEREBY CERTIFY, That I attended deceased from Aug 22 1933 to Aug 22 1933  
 I last saw him alive on Aug 22 1933 Death is said to have occurred on the date stated above, at 8:40 a.m.  
 The principal cause of death and related causes of importance were as follows:

Leukemia of Ricketts  
72P  
63  
1720  
 Other contributory causes of importance:  
 Date of onset

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. W. W. M.D. M. D.  
 (Address) Green 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. SEP 26 1933

