

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

Do not use this space.

33902

1. PLACE OF DEATH  
 94 County Madaway Registration District No. 619  
 Township \_\_\_\_\_ Primary Registration District No. H370  
 City Clearmont (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Donald 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. 2 mos. 3 ds. How long in U. S., if of foreign birth? yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds. \_\_\_\_\_

File No. \_\_\_\_\_  
 Registered No. 3  
 St. \_\_\_\_\_ Ward \_\_\_\_\_

**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 _____		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Aug 22 1933</u>		
7. AGE	YEARS	MONTHS
	<u>2</u>	<u>3</u>
		DAYS
		<u>3</u>
		If LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____	
	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)	<u>Clearmont Mo.</u>	
MOTHER	13. NAME <u>Levi R. Johnson</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Clearmont Mo.</u>	
	15. MAIDEN NAME <u>Julpha Webb</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Burlington Tenn</u>	
17. INFORMANT (ADDRESS) <u>Levi R Johnson</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Johnson Cemetery</u> DATE <u>Oct 22 1933</u>		
19. UNDERTAKER (ADDRESS) <u>Campbell Funeral Home</u> <u>Manville Mo</u>		
20. FILED <u>Feb 26 1933</u> <u>W.H. Miley</u> Registrar.		

**2 MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 25 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct 22 1933 to Oct 28 1933  
 I last saw him alive on Oct 28 1933 Death is said to have occurred on the date stated above, at 10<sup>30</sup> a.m.  
 The principal cause of death and related causes of importance were as follows:  
Pneumonia  
109A  
9  
 Other contributory causes of importance Pertussis

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? Clinical 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? Yes  
 If so, specify \_\_\_\_\_  
 (Signed) W.H. Miley, M. D.  
 (Address) Clearmont Mo.

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.

NOV 10 1933

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