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.

FEB 4 1934

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

Do not use this space.

35404

1. PLACE OF DEATH
105 County Sullivan — Registration District No. 852 — File No.
5 Township Polk — Primary Registration District No. 4518 — Registered No.
2. City Milan (No. , St. Ward)

2. FULL NAME Charles H. 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. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: white
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: single

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): May 14 1908

7. AGE: YEARS 25 — MONTHS 4 — DAYS 20 — If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Apprentice Brick Mason
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): Hynes Lucas Co Iowa

FATHER
13. NAME: C C. Johnson
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): England

MOTHER
15. MAIDEN NAME: Anna Jones
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Penn

17. INFORMANT (ADDRESS): Frank Johnson Milan, Mo

18. BURIAL, ~~CREMATION, OR REMOVAL~~
PLACE Charlton Cem DATE Oct. 8 1933

19. UNDERTAKER (ADDRESS): C. H. Schaeffer Milan Mo

20. FILED 10/7 1933 Maynie Cole Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 10-6-1933

22. I HEREBY CERTIFY, That I attended deceased from Dec 21, 1933, to Oct. 7, 1933
I last saw him alive on Oct. 6, 1933 Death is said to have occurred on the date stated above, at 12 10/a m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute tuberculosis	Late in Jan '33
23A	
11A	
Other contributory causes of importance:	
Influenza	Dec '32

23

Name of operation: Laboratory & Exploratory 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) O. B. Littler, M. D.
(Address) Milan, Mo.