

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

Do not use this space.

38903

1. PLACE OF DEATH

County Vernon
Township Mely
City Mely (No. _____)

Registration District No. 871
Primary Registration District No. 4525

File No. _____
Registered No. 15 St. _____ Ward _____

2. FULL NAME

(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 <u>M</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	
5A. IF MARRIED, WHO OBTAINED OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Lucy E. Johnston</u>			
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Oct. 6 - 1853</u>			
7. AGE	YEARS	MONTHS	DAYS
<u>80</u>	<u>1</u>	<u>13</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>Ohio</u> <u>ST</u>			
FATHER	13. NAME <u>Joseph J. Johnston</u>		
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ohio</u> <u>ST</u>		
MOTHER	15. MAIDEN NAME <u>Harvey Johnston</u>		
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ohio</u> <u>ST</u>		
17. INFORMANT <u>J. Johnston</u> (ADDRESS) <u>Mely, Mo.</u>			
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Bellefontaine</u> DATE <u>Nov. 30, 1933</u>			
19. UNDERTAKER <u>Ferry Funeral Home</u> (ADDRESS) <u>Wesley, Mo.</u>			
20. FILED <u>11-29</u> 1933 <u>C. F. Messer, M.D.</u> Registrar.			

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) November 7, 1933
22. I HEREBY CERTIFY, That I attended deceased from June 2, 1933 to _____, 19____
that saw him alive on Sept. 4, 1933. Death is said to have occurred on the date stated above, at 7 a m.

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

Central Haemorrhage Date of onset 6/2/33

Other contributory causes of importance:

Advanced age

Name of operation None Date of _____

What test confirmed diagnosis Typical Exam 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? No

If so, specify _____

(Signed) H. F. Love, M. D.

(Address) Wesley, 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.

JAN 1934

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