

FEB 27 1934  
52300

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

Do not use this space.

1708

1. PLACE OF DEATH

County Laclede Registration District No. 449  
Township \_\_\_\_\_ Primary Registration District No. 4267  
City Lebanon (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
Registered No. \_\_\_\_\_

2. FULL NAME

Robert Jean 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<br><u>M</u>   | 4. COLOR OR RACE<br><u>W</u>  | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)<br><u>Infant</u> |   |
| 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <input checked="" type="checkbox"/> |   |  |   |
| 6. DATE OF BIRTH (MONTH, DAY, AND YEAR)  |   |  |   |
| 7. AGE   | YEARS   | MONTHS   | DAYS  |
|  |   |  | If LESS than 1 day, <u>5</u> 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   |  |   |

|        |  |  |
|--------|--|--|
| FATHER | 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) | <u>Lebanon Mo</u>                                      |
|        | 13. NAME   | <u>Jewel P Johnson</u>                                 |
| MOTHER | 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) | <u>Laclede Co</u>                                      |
|        | 15. MAIDEN NAME                                  | <u>Mary Barnett</u>                                    |
|        | 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) | <u>Laclede Co</u>                                      |
|        | 17. INFORMANT (ADDRESS)                          | <u>Jewel Johnson</u>                                   |
|        | 18. BURIAL, CREMATION, OR REMOVAL PLACE          | <u>Washington</u> DATE <u>1/16</u> <u>1934</u>         |
|        | 19. UNDERTAKER (ADDRESS)                         | <u>W.E. Freeman</u>                                    |
|        | 20. FILED  | <u>1/16</u> <u>1934</u> <u>A.M. Camb</u><br>Registrar. |

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1/16, 1934  
22. I HEREBY CERTIFY, That I attended deceased from Jan 15, 1934, to 1/16/34, 19\_\_\_\_  
I last saw her alive on 1/15/34, 19\_\_\_\_. Death is said to have occurred on the date stated above, at 10 m.  
The principal cause of death and related causes of importance were as follows:

Premature  
7 months.  
Cause not known  
Date of onset \_\_\_\_\_  
Other contributory causes of importance Not known  
think walked too far and attended funeral  
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) E. A. McCamb, M. D.  
(Address) Lebanon

