

MAY 25 1934

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

Do not use this space.

13904

1. PLACE OF DEATH

County Putnam
Township _____
City Unionville (No. _____)

Registration District No. 718
Primary Registration District No. 6430

File No. _____
Registered No. _____
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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Lucia C. Johnson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr 17 - 1853

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
80 3 22

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farm
10. Date deceased last worked at this occupation (month and year) Jan 1930 11. Total time (years) spent in this occupation all

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Georgia

FATHER
13. NAME Joseph Johnson

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

MOTHER
15. MAIDEN NAME Sarah Watts

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dept. of War

17. INFORMANT (ADDRESS) P. W. Johnson Unionville Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Unionville Mo DATE April 11, 1934

19. UNDERTAKER (ADDRESS) Crestock Mfg Co Unionville Mo

20. FILED April 11, 1934 N. W. Gallum Registrar

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 9, 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec. 21, 1932, to Apr. 9, 1934

I last saw him alive on Apr. 5, 1934 Death is said

to have occurred on the date stated above, at 2 P. m.

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

Chronic Valvular Disease
mitral & aortic
92A
97
Atherosclerosis
Date of onset 20+

Other contributory causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ 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) J. M. Martin, M. D.

(Address) Unionville

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.

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