

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.

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

Do not use this space.

NOV 21 1934

1. PLACE OF DEATH

County Texas Registration District No. 5
 Township Pinery Primary Registration District No. 11
 City Houston (No. _____) St. _____ Ward _____

File No. **41699**

2. FULL NAME

James Andrew Johnston

(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 40 yrs. mos. _____ ds. _____ How long in U. S., if of foreign birth? yrs. _____ mos. _____ ds. _____

PERSONAL AND STATISTICAL PARTICULARS

3. SEX m 4. COLOR OR RACE w. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Sarah Johnston
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 5 1870
 7. AGE YEARS 64 MONTHS 8 DAYS _____ If LESS than 1 day, _____ hrs. _____ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Dentist
 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) Aug 1930 11. Total time (years) spent in this occupation 40

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wright Co. Mo.

MOTHER 13. NAME Richard A Johnston

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

15. MAIDEN NAME Mary Calhoun

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wright Co. Mo.

17. INFORMANT Sarah Johnston (ADDRESS) Houston Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Houston Cemetery DATE Nov. 7 1934

19. UNDERTAKER Wayland V. Elliott (ADDRESS) Houston Mo.

20. FILED 10-6 1934 J.M.W. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 5 1934

I HEREBY CERTIFY, That I attended deceased from Jan 1930 to Nov 5 1934
 I last saw him alive on Nov 4 1934 Death is said to have occurred on the date stated above, at 3:40 p.m.

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

Cerebral Apoplexy Date of onset _____

Other contributory causes of importance: g2 a1

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) W.A. Herron M. D.
 (Address) Houston, Mo.

