

JAN 18 1935

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

Do not use this space.

42477

1. PLACE OF DEATH

County Davies
Township Marion
City (No. _____)

Registration District No. 254
Primary Registration District No. 4-15-4
3-3-5-8

File No. 25
Registered No. _____
St. _____ Ward _____

2. FULL NAME Hugh Martin 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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Mary Johnson (Deceased)</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>May 30-1860</u>		
7. AGE YEARS <u>74</u>	MONTHS <u>6</u>	DAYS <u>14</u>
IF LESS than 1 day, _____ hrs. or _____ min.		

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

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

13. NAME James Johnson

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

15. MAIDEN NAME Margaret Gentry

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Penn

17. INFORMANT (ADDRESS) Mrs Oliver Garber, Jameson, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Civil Bend DATE Dec 17, 1934

19. UNDERTAKER (ADDRESS) E. J. Groner, Pattonburg Mo

20. FILED 12-17-34, 19 Francis C. Sullow Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 16, 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec 1, 1934 to Dec 16, 1934
I last saw him alive on Dec 16, 1934 Death is said to have occurred on the date stated above, at 10:30 a. m.

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

Chronic nephritis & arteriosclerosis
151
907
M
W

Other contributory causes of importance:

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) Frank Wedges, M. D.
(Address) Pattonburg Mo

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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