

MAR 20 1935

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

Do not use this space.

5306

1. PLACE OF DEATH

County Jackson

Registration District No. _____

Township _____

Primary Registration District No. _____

City McC Mo(No. ST JOSEPH HOSP.)

File No. _____

Registered No. 506

St. _____ Ward) _____

2. FULL NAME LEO EUGENE JOHNSON(a) Residence, No. _____ St. _____ Ward. HENRIETTA MO

(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

M

4. COLOR OR RACE

W

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

SINGLE

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 9-16-1934

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, _____ hrs. or _____ min.

4+92

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

INFANT

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) MO.

FATHER

13. NAME ILEY E. JOHNSON14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) HASKELL OKLA

MOTHER

15. MAIDEN NAME FRANCES HALTERMAN16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) RICHMOND MO17. INFORMANT (ADDRESS) HENRIETTA MO.18. BURIAL, CREMATION, OR REMOVAL PLACE HENRIETTA, MO DATE 2-7 193519. UNDERTAKER (ADDRESS) KNIPSCHOL HARDIN MO20. FILED 27 1935 M.M. Cowe, asst Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 7 193522. I HEREBY CERTIFY, That I attended deceased from 2/7 1935, to 2/7 1935I last saw him alive on 2/7 1935 Death is saidto have occurred on the date stated above, at 9 P.M.

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

Broncho Pneumonia Date of onset(Embolie)

Other contributory causes of importance:

Enlargement of Thyroid (Congenital)

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? Yes

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) D. J. [Signature], M. D.(Address) 602 [Address]

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.

STATE BOARD OF HEALTH, WITH CERTAINING INTERESTS IS A PERMANENT RECORD

4-50
10-50

