

AUG 19 1935

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

Misses  
Do not use this space.

## 1. PLACE OF DEATH

County Macon  
Township Eagle  
City \_\_\_\_\_ (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward)

Registration District No. 533  
Primary Registration District No. 5714

File No. 23694  
Registered No. 194

## 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.

Michael Johnston

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX M. 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED M. (Write the word)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 21 1842

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
92 10 6

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 \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) Illinois (STATE OR COUNTY) Adair Co.

13. NAME David Johnston

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

15. MAIDEN NAME Not known

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

17. INFORMANT Emma Walker (ADDRESS) Macon Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Marys DATE July 29 1935

19. UNDERTAKER Albert Skinker (ADDRESS) Macon Missouri

20. FILED 8/10 1935 Edw. Newton Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 27 1935

22. I HEREBY CERTIFY That I attended deceased from 6/21 1935 to 7/27 1935

I last saw him alive on 7/27 1935. Death is said

to have occurred on the date stated above, at 5: P. m.

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

Fracture Femur

Date of onset

6/21

Other contributory causes of importance

Myocarditis  
Nephritis (Essential)

Years

11

Years

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? ural Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide Accident Date of injury July 19 1935

Where did injury occur? Home Macon Mo (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Home

Manner of injury Fall

Nature of injury Fracture femur

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify \_\_\_\_\_

(Signed) Howard Miller, M. D.

(Address) Macon 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.

