

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

Do not use this space.

NOV 25 1935

29327

**1. PLACE OF DEATH**

County Harrison

Registration District No. 334

Township Bethany

Primary Registration District No. 4147

City Bethany (No. ....)

File No. ....

Registered No. 391

St. .... Ward)

**2. FULL NAME**

(a) Residence. No. Hamilton Inf., Harrison Co., Mo.  
(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. 5 mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

**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**

Lavaghen Lorman Johnston

**6. DATE OF BIRTH (MONTH, DAY AND YEAR)**

Dec. 7, 1898

**7. AGE**

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

36

9

18

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work

Cope operator

(b) General nature of industry, business, or establishment in which employed (or employer)

Self

(c) Name of employer

**9. BIRTHPLACE (CITY OR TOWN)**

(STATE OR COUNTRY)

Kingfisher Co., Okla.

**10. NAME OF FATHER**

J. P. Johnston

**11. BIRTHPLACE OF FATHER (CITY OR TOWN)**

(STATE OR COUNTRY)

Canada

**12. MAIDEN NAME OF MOTHER**

Mary E. Cutoff

**13. BIRTHPLACE OF MOTHER (CITY OR TOWN)**

(STATE OR COUNTRY)

Kingfisher Co., Okla.

**14.**

INFORMANT

(Address)

J. P. Johnston  
Hamilton, Mo.

**15.**

FILED

Nov 19, 1935 U. K. Wessley  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

**16. DATE OF DEATH (MONTH, DAY AND YEAR)**

Sept. 25, 1935

**17.**

I HEREBY CERTIFY That I attended deceased from Sept. 19, 1935, to Sept. 25, 1935

that I last saw him alive on Sept. 25, 1935, and that death occurred, on the date stated above, at 12:30 P.M.

**THE CAUSE OF DEATH WAS AS FOLLOWS:**

Tuberculosis, pulmonary

**CONTRIBUTORY (SECONDARY)**

fecal fistula which was Tubercular

**18. WHERE WAS DISEASE CONTRACTED**

IF NOT AT PLACE OF DEATH

Not known

DID AN OPERATION PRECEDE DEATH? No DATE OF

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) Ralph A. Walker, M.D.

, 19

(Address)

Bethany, Mo.

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

**19. PLACE OF BURIAL, CREMATION OR REMOVAL**

DATE OF BURIAL

Lamar, Iowa

9/27 1935

**20. UNDERTAKER**

John S. White

ADDRESS

Lamar, Ia.

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.

