

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

Do not use this space.

3655

1. PLACE OF DEATH

County Carter
Township Johnson
City Hunter (No. _____, _____ St. _____ Ward _____)

Registration District No. 145
Primary Registration District No. 5208

File No. _____
Registered No. 18

2. FULL NAME

George Washington Johnson

(a) Residence, No. Hunter, Missouri St., _____ Ward _____

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? _____ yrs. mos. ds. (If nonresident, give city or town and State)

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 Mary lue Seese

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 12, 25, 1871

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
65 9 15

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farming
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farm
10. Date deceased last worked at this occupation (month and year) 1, 1931 11. Total time (years) spent in this occupation 30

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ?? Kentucky

13. NAME Arch? Johnson

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

15. MAIDEN NAME ??

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

17. INFORMANT Mr. Latta Johnson (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE Whites Mill DATE 3, 10, 1936

19. UNDERTAKER Mr. Latta Johnson (ADDRESS) Hunter, Mo

20. FILED 3/9 1936 Alpena Johnson Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3, 9, 1936

22. I HEREBY CERTIFY, That I attended deceased from 2, 24, 1936, to 3, 8, 1936

I last saw him alive on 3, 8, 1936. Death is said to have occurred on the date stated above, at 2:00 A.M.

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

Influenza-Pneumonia Date of onset 2.15
Acute Nephritis 3.2
Chronic pulmonary Tuberculosis
1931

Other contributory causes of importance Above

Name of operation _____ Date of _____
What test confirmed diagnosis? Clinical Was there an autopsy? No.

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? No.
If so, specify _____ (Signed) Dr. John G. Fisher M.D.
(Address) Hunter, Missouri

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.

