

JUL 28 1936

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

Do not use this space.

27262

1. PLACE OF DEATH

County Linn  
Township Chillicothe  
City Chillicothe (No. \_\_\_\_\_)

Registration District No. 508  
Primary Registration District No. 3026

File No. \_\_\_\_\_  
Registered No. 117  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

Berry C. Johnson  
(a) Residence, No. 416 William 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>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Francis</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>July, 25, 1857</u>		
7. AGE	YEARS <u>78</u>	MONTHS <u>11</u>
	DAYS <u>12</u>	IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Laborer</u>	
	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

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7 - 7, 1936

22. I HEREBY CERTIFY, That I attended deceased from July 6 - 1936, to July 18, 1936  
I last saw him alive on July 7, 1936 Death is said to have occurred on the date stated above, at 7:45 P. m.  
The principal cause of death and related causes of importance were as follows:  
Angina Pectoris  
Date of onset \_\_\_\_\_

Other contributory causes of importance:  
Hypertension

Name of operation none Date of \_\_\_\_\_  
What test confirmed diagnosis? physical 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 none  
Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? No  
If so, specify \_\_\_\_\_  
(Signed) Reuben Darnley, M. D.  
(Address) Chillicothe MO

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Des Moines Iowa

13. NAME Henry Johnson

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Un known

15. MAIDEN NAME Elisabeth Potter

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Un known

17. INFORMANT (ADDRESS) Mrs P. C. Johnson Chillicothe Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Forest Park DATE 7 - 9, 1936

19. UNDERTAKER (ADDRESS) H. B. Norman Chillicothe Mo

20. FILED July 9, 1936 Donald M. Howell Registrar.

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.

