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

DEC 4 1936

Do not use this space.

39957

File No.

Registered No. 406

1. PLACE OF DEATH
County St. Louis
Township Carondolet
City Jefferson Barracks, Mo. Station Hospital (No. St. Ward)

Registration District No. 1123
Primary Registration District No. 6248B

2. FULL NAME Levi R. Johnson (Levi R. Johnson)
(a) Residence, No. Co. B, 6th Inf., Jefferson Barracks, Mo. 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: Male
4. COLOR OR RACE: White
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) May 10, 1894

7. AGE: Years 42 | Months 5 | Days 14 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Soldier
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. U. S. Army
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation 15

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Mass.

FATHER
13. NAME Unknown
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT (ADDRESS) Service Record, U. S. Army Jefferson Barracks, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE New Bedford, Mass. Oct. 25, 1936

19. UNDERTAKER C. Hoffmeister U.&L. Co.
(ADDRESS) 7814 S. Broadway St. Louis, Mo.

20. FILED Oct. 26, 1936 L. Mowry Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) October 24, 1936

22. I HEREBY CERTIFY, That I attended deceased from October 16, 1936 to October 24, 1936
I last saw him alive on October 24, 1936 Death ~~is said to have~~ occurred on the date stated above, at 10:15 A.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Apoplexy-cerebral due to rupture right middle cerebral artery.	Oct. 16 1936.

Other contributory causes of importance:
Arteriosclerosis of cerebral arteries.

Name of operation None Date of
What test confirmed diagnosis? Autopsy? 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) M. A. DAILEY, Lt. Col. M.C., M. D.
(Address) Jefferson Barracks, 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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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

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1. PLACE OF DEATH
County St Louis — Registration District No. 1123 — File No.
Township — Primary Registration District No. 6248B — Registered No.
City Jefferson Barracks No. St. Ward)

2. FULL NAME Levi R. Johnson

(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
m	w	S

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

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

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
42	5	14	

OCCUPATION
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) (STATE OR COUNTRY)

FATHER
13. NAME
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

MOTHER
15. MAIDEN NAME
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL
PLACE New Bedford, Mass DATE Oct 25, 1936

19. UNDERTAKER C. Huffmeister
(ADDRESS) 7814 S. Bdway

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I last saw him alive on ..., 19... Death is said to have occurred on the date stated above, at ... m.
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	Date of onset

Other contributory causes of importance:

Name of operation ... Date of ...
What test confirmed diagnosis? ... 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 ...
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...
If so, specify ...
(Signed) ..., M. D.
(Address) ...

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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