

JAN 17 1938

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

Do not use this space.

43926

4829

1. PLACE OF DEATH

County Jackson
Township Paul
City Keokuk

Registration District No. 399
Primary Registration District No. 1002
(No. 3623 Montgall)

File No. 4829
Registered No. _____
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 3623 Montgall 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 M 4. COLOR OF RACE Wh 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar 22 1867

7. AGE YEARS 67 MONTHS 8 DAYS 8 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman

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 2

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Fairfax Kansas

13. NAME Erasmus Johnson

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

15. MAIDEN NAME Angelina Acuff

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

17. INFORMANT Bertrude Johnson (ADDRESS) 3623 Montgall, ev

18. BURIAL, CREMATION OR REMOVAL PLACE St Paul Keokuk (DATE) Dec 1 - 1937

19. UNDERTAKER Mrs. L. L. Spitzer (ADDRESS) 918 Brookfield ave

20. FILED Dec 1, 1937 M. M. Chow Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 30 1937

22. I HEREBY CERTIFY, That I attended deceased from Nov 25, 1937, to Nov 28, 1937;

I last saw him alive on Nov 29, 1937. Death is said to have occurred on the date stated above, at 11 a. m.

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

Acute myocardial infarction
108
Date of onset _____

Other contributory causes of importance: Labov Pneumonia

Name of operation None Date of _____

What test confirmed diagnosis? _____ 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? Yes
If so, specify _____

(Signed) J. E. Ball _____, M. D.
(Address) 1102 E 47

WRITE PLAINLY WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

