

REC'D MAR 15 1938

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

6679

Do not use this space.

1. PLACE OF DEATH

(a) County Franklin

(b) Township

(c) City Washington

(e) Length of residence in city or town where death occurred

Registration District No. 297Primary Registration District No. 3016(d) Street No. St. Francis Hospital St.
(If death occurred in Hospital or Institution, write its name instead of street and number)

(f) How long in U. S., if of foreign birth? yrs. mos. ds.

Registered No. 162. PRINT FULL NAME Robert Lawrence Johnson(a) Residence, No. Saint Clair, Missouri St.

(Usual place of abode, if no street address, write county or city)

St. Clair, Mo
(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 OFEster Johnson

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

October 27, 1878

7. AGE

YEARS

59

MONTHS

3

DAYS

8If LESS than 1
day, hrs.
or min.

OCCUPATION

8. Trade, profession, or particular kind of
work done, as sawyer, bookkeeper, etc.Laborer9. Industry or business in which work
was done, as 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) Canada

FATHER

13. NAME

John Johnson

14. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

Ireland

MOTHER

15. MAIDEN NAME

Elizabeth White

16. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

Canada17. INFORMANT
(ADDRESS)Ester Johnson
St. Clair, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Saint Clair, Mo.

DATE

February 7, 193819. FUNERAL DIRECTOR
(ADDRESS)Wm. Casey & Co.
St. Clair, Mo.

20. FILED

Feb. 6 - 1938H. U. May
Local Registrar

MEDICAL CERTIFICATE OF DEATH

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

Feb 5 (S), 1938

22. I HEREBY CERTIFY, That I attended deceased from

Jan 27, 1938, to Feb 5, 1938I last saw him alive on Feb. 5, 1938 Death is saidto have occurred on the date stated above, at 11:30 P.M.

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

acute myocardial infarction, with
diffuse general
arteriosclerosis 12/6

Date of onset

10 days

Other contributory causes of importance:

Chronic cholecystitis
with gall stones

Laboratory, gall bladder drainage
Name of operation Date of 1938

What test confirmed diagnosis diagonal 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) R. R. Quillen, M. D.(Address) Washington, Mo270

STATEMENT BY LICENSED EMBALMER

I, K.M. Lenox Licensed Embalmer No. 3601

hereby certify that the body recorded on the reverse side of this certificate was embalmed by K.M. Lenox

..... L. E.

No. or by Registered Apprentice No.
working under my personal supervision.

Signed

K. M. Lenox

Licensed Embalmer No. 3601

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)