

REC'D APR 21 1938

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

Do not use this space.

1. PLACE OF DEATH

County Macon

Registration District No. 528

File No. 11393

Township Callao

Primary Registration District No. 4314

Registered No. _____

City Callao (No. _____)

St. _____ Ward _____

2. FULL NAME Chas. Patrick Johnson 525

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M. 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 19 - 1879

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 1 60 0 17

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

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) Iowa

13. NAME Will Johnson

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

15. MAIDEN NAME Lillie Dowling

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Callao, Missouri

17. INFORMANT (ADDRESS) Mrs. Bert Bledsoe

18. BURIAL, CREMATION, OR REMOVAL PLACE Locust Grove DATE Mar. 11 1938

19. UNDERTAKER (ADDRESS) Perry & Son Callao, Mo.

20. FILED 3/19 1938 Mrs. H. Baker Registrar. 471 (Address) Callao, Mo.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 9 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan. 15 1938, to March 8 1938

I last saw him alive on March 7 1938. Death is said to have occurred on the date stated above, at 5 P.M.

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

Septicemia
Acute Mastoiditis
Chronic otitis media
globe

Date of onset
2/26/38
2/28/38
3/1/38

Other contributory causes of importance:
Chronic Malabsorption
Arteriosclerosis
Hypertension

Name of operation _____ Date of _____
What test confirmed diagnosis Cholesterol 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) Hubert E. Quarter Dr.
Callao, 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.

