

REC'D MAY 18 1938

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

Do not use this space.

14176

1. PLACE OF DEATH
County Caldwell Registration District No. 96
Township Hamilton Primary Registration District No. 4058
City Hamilton (No. 525) St. Ward

2. FULL NAME John 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

MEDICAL CERTIFICATE OF DEATH

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (widowed)
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Renee Johnson
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 5, 1865
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
72 10 3

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 8, 1938
22. I HEREBY CERTIFY, that I attended deceased from April 4, 1938, to April 8, 1938
I last saw him alive on April 8, 1938 Death is said to have occurred on the date stated above, at 10:30 P. m.
The principal cause of death and related causes of importance were as follows:

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. Labourer
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

Hemorrhage of brain and embolism
Neuroplegia 97, a
Date of onset
Other contributory causes of importance:

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Caldwell Co. Missouri
13. NAME Unknown
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
15. MAIDEN NAME Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Name of operation Date of
What test confirmed diagnosis? Ob. Aug. Was there an autopsy? No

17. INFORMANT George Johnson (ADDRESS) Hartsville Mo
18. BURIAL, CREMATION, OR REMOVAL
PLACE Hamilton DATE Apr 10, 1938
19. UNDERTAKER Th. Haughton (ADDRESS) Hamilton Missouri
20. FILED April 10, 1938 Orville Brown Registrar.

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 a 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) Dr. Eads, M. D.
100 (Address) Hamilton, 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.

