

REC'D JUN 15 1938

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

Do not use this space.

17540

## 1. PLACE OF DEATH

County Butler  
Township.....  
City Poplar Bluff (No. Brandon Hospital)

Registration District No. 89  
Primary Registration District No. 3007

File No. ....  
Registered No. 102  
St. .... Ward)

2. FULL NAME Hubert Johnson

(a) Residence, No. Bardley, Missouri St. .... Ward. ....  
(Usual place of abode)

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. (If nonresident, give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

## MEDICAL CERTIFICATE OF DEATH

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 23, 1918

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, ..... hrs. or ..... min.  
20 0 3

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. CCC camp

10. Date deceased last worked at this occupation (month and year) May 1938 11. Total time (years) spent in this occupation 1

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Alton, Missouri

MOTHER FATHER

13. NAME Andy Johnson14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Doniphan, Mo.15. MAIDEN NAME Lillie May Johnson16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Alton, Mo.17. INFORMANT Andy Johnson, (father) (ADDRESS)18. BURIAL, CREMATION, OR REMOVAL PLACE Cave Springs, Mo. DATE June 1, 193819. UNDERTAKER Croy Funeral Service (ADDRESS) Van Buren, Missouri20. FILED 6/10 1938 Obituary Registrar21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 31, 193822. I HEREBY CERTIFY, That I attended deceased from May 30, 1938, to May 30, 1938I last saw him alive on May 31, 1938 Death is saidto have occurred on the date stated above, at 12:10 a.m.

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

Diabetic acidosis

Date of onset

5/23/38

Other contributory causes of importance:

Name of operation Urinalysis Date of 5/1  
What test confirmed diagnosis Blood Sugar 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? N.O.  
If so, specify(Signed) W. J. ... M. D.(Address) Poplar Bluff, Missouri

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. FATHER'S NAME should be stated EXACTLY. Exact statement of OCCUPATION is very important. CAUSE OF DEATH in plain terms, so that it may be properly classified.

