

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

Do not use this space.

REC'D JUN 20 1938

1. PLACE OF DEATH

County Henry
Township
City Clinton (No.)

Registration District No. 347
Primary Registration District No. 3018

File No. 18350
Registered No.
St. Ward)

2. FULL NAME

(a) Residence, No. 607 E. France St., Ward.

525

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 F 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) wid

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-1 1938

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

22. I HEREBY CERTIFY, That I attended deceased from May 1 1938 to June 1 1938

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 22 1886

I last saw him alive on June 1 1938. Death is said

7. AGE YEARS 51 MONTHS 9 DAYS 9 If LESS than 1 day, hrs. or min.

to have occurred on the date stated above, at 4 P. m.
The principal cause of death and related causes of importance were as follows:

8. Trade, profession, or particular kind of work done, as planner, sawyer, bookkeeper, etc. House work

Chronic interstitial nephritis 1936

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 1

Other contributory causes of importance: 131

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mich

MOTHER 13. NAME H.A. Tefft

FATHER 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know

MOTHER 15. MAIDEN NAME Theresa Balke

FATHER 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) England

17. INFORMANT H.C. ... (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE Garnett Han DATE June 3 38

19. UNDERTAKER Consolus & Beck (ADDRESS) Clinton mo

20. FILED 6-1 1938 Dr. J.R. Hampton (Address) Clinton mo

Name of operation Date of

What test confirmed diagnosis? 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) W. Walker M. D.
(Address) Clinton 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.

Walsh

