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.

REC'D AUG 24 1938

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

Do not use this space.

File No. 25429

Registered No. 6

1. PLACE OF DEATH

County Harrison Registration District No. 336

Township Madison Primary Registration District No. 5471

City Cainsville (No. R. F. D. Cainsville St. Ward)

2. FULL NAME Earl Dewayne Johnson

(a) Residence, No. R. F. D. Cainsville St., Ward. 525

(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 18 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Infant

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Infant

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June, 19, 1938.

7. AGE: Years No. | Months No. | Days 18 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

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

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 0

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Harrison, Co. Missouri. 0

FATHER

13. NAME Earl Johnson 0

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mercer, Co. Missouri.

MOTHER

15. MAIDEN NAME Lucille Roberts

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

17. INFORMANT Earl Johnson (ADDRESS) Cainsville, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Fairview Cemetery DATE July, 8, 1938

19. UNDERTAKER Eddie J. Stoklasa (ADDRESS) Cainsville, Mo.

20. FILED 7-8, 1938 E. E. Oden Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July, 7, 1938.

22. I HEREBY CERTIFY, That I attended deceased from June 19, 1938 to July 6, 1938

I last saw him alive on July 6, 1938. Death is said to have occurred on the date stated above, at 11:30 A.M.

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

Premature Delivery
Prod. by Gelsimium 1 mo
Cause unknown

Date of onset

Other contributory causes of importance: 54

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

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? .....

If so, specify .....

(Signed) W. S. Duff, M. D.

(Address) Cainsville Mo

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