

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

Do not use this space.

REC'D OCT 27 1938

1. PLACE OF DEATH
 County Wagener Registration District No. 897
 117 Township Barley Primary Registration District No. 6201
 City Wagener Mo (No. _____) St. _____ Ward _____

2. FULL NAME Infant Johnson 5
 (a) Residence, No. _____ St. _____ Ward _____ (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.

File No. 33579
 Registered No. 33

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Girl 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 _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 3 1938

7. AGE YEARS MONTHS DAYS 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 _____

FATHER
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wagener Mo
 13. NAME Howard Johnson
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo
 15. MAIDEN NAME Sophia Lakey
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

MOTHER
 17. INFORMANT Howard Johnson
 (ADDRESS) Wagener Mo
 18. BURIAL, CREMATION, OR REMOVAL PLACE At Home DATE Sept 3 1938

19. UNDERTAKER (ADDRESS) None
 20. FILED Sept 3, 1938 W. W. Johnson Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 3 1938

22. I HEREBY CERTIFY, That I attended deceased from Sept 3 1938, to Sept 3 1938, 1938.
 I last saw him alive on Sept 3, 1938. Death is said to have occurred on the date stated above, at 11.9 a.m.
 The principal cause of death and related causes of importance were as follows:
Premature
 Date of onset: _____

Other contributory causes of importance:
159

Name of operation _____ Date of _____
 What test confirmed diagnosis? clinical 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) P. G. Hillman M. D. (Address) Wagener 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.

RECEIVED FILED STATE OFFICE
INDEX CARD RETURNED TO DISTRICT
DATE 10-18-38