

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

37006
Do not use this space.

1938 NOV 25 1938

1. PLACE OF DEATH

(a) County Stoddard Registration District No. 834
 (b) Township Pike Primary Registration District No. 6097
 (c) City Bell City Mo. R.F.D. #1 Street No. _____ St. _____
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME 515 Chester Johnson

(a) Residence, No. _____ St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M. 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Married

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

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
38 2 28

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer
 9. Industry or business in which work was done, as saw mill, bank, etc.
 10. Date deceased last worked at this occupation (month and year)
 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Morley Mo.

FATHER 13. NAME John Johnson

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

MOTHER 15. MAIDEN NAME Mattie Brown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Morley Missouri

17. INFORMANT (ADDRESS) Norman Johnson
626 Cleburne W. Helena Ark

18. BURIAL, CREMATION, OR REMOVAL PLACE Blytheville Ark DATE Oct. 23, 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Chiles Und. Company
Bloomfield, Missouri

20. FILED 11/2 1938 D. S. McJee Local Registrar

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from Mar. 7, 1938 1938, to Oct. 5, 1938, 1938

I last saw him alive on Oct. 5, 1938, 1938. Death is said to have occurred on the date stated above, at 8:10 p.m.

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

Cerebro-Spinal Syphilis Date of onset 7 mo. ago.
Tabetic bladder, with uro-sepsis 6 mo. ago.

Other contributory causes of importance: 34
Secondary Uraemia.

Name of operation Cystoscopy Date of 4-1-38

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 _____, 1938

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) Paul B. Nussbaum M. D.

(Address) Cape Girardeau, 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.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
....., or by

Registered Apprentice No....., working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.

a Broadway
Sarasota, Mo.

DR. PAUL B. NUSSBAUM

HOURS 10-12 AND 2-4
THURSDAY AFTERNOON & SUNDAY
BY APPOINTMENT ONLY

Office Phone 598
Res. Phone 1797

pt's Name

Address

I wrote the Dr for Chester J. [unclear]
widows name & you see what he
says
DS M^cTree

Sorry, but I

do not have a record
of his wife's name

[Signature]

UNNERSTALL'S
DRUG STORE
626 GOOD HOPE ST.
CAPE GIRARDEAU, MO.
I MAY WANT TO REFER TO IT
TAKE THIS TO