

DEC'D FEB 6 1939

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

Do not use this space.

3246

1. PLACE OF DEATH

County New Madrid Registration District No. 604
Township St. Louis Primary Registration District No. 5802
City La Forge (No. _____) St. _____ Ward _____

2. FULL NAME

Claude Johnson

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 16

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, _____ hrs. or _____ min.
41

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

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 _____

12. BIRTHPLACE (CITY OR TOWN) New Madrid County (STATE OR COUNTRY) Mo.

13. NAME N. N. Johnson

14. BIRTHPLACE (CITY OR TOWN) Lynn (STATE OR COUNTRY) I.

15. MAIDEN NAME Ken Northy

16. BIRTHPLACE (CITY OR TOWN) Murray County (STATE OR COUNTRY) Mo.

17. INFORMANT Bertha Johnson (ADDRESS) La Forge, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE New Madrid DATE 1/17 1939

19. UNDERTAKER Richards and Co. (ADDRESS) New Madrid, Mo.

20. FILED 1/19 1939 Wm C Bannan Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 14 1939

22. I HEREBY CERTIFY, that I attended deceased from _____, 19____, to _____, 19____

I last saw h. _____ alive on _____, 19____. Death is said

to have occurred on the date stated above, at 10:40 a.m.

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

HS Lobar Pneumonia

Pl. Corne Cordis & Dilation

Other contributory causes of importance: 17

Date of onset

12/30/38

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) Wm C Bannan, M. D.

522 (Address) New Madrid, Mo.

B K 43



FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

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

3246
Do not use this space.

1. PLACE OF DEATH

- (a) County New Madrid Registration District No. 604
(b) Township New Madrid Primary Registration District No. 2802 Registered No. _____
(c) City _____ (d) 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 Claude 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

MEDICAL CERTIFICATE OF DEATH

3. SEX <u>m</u>	4. COLOR OR RACE <u>w</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED <u>single</u>	21. DATE OF DEATH (MONTH, DAY, AND YEAR) <u>1-14</u> , 19 <u>39</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF			22. I HEREBY CERTIFY, That I attended deceased from _____, 19____ to _____, 19____		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Sept 6th 1898</u>			I last saw h. _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at _____ m.		
7. AGE	YEARS <u>41</u>	MONTHS	DAYS	If LESS than 1 day, _____ hrs. or _____ min.	The principal cause of death and related causes of importance were as follows:
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.		11. Total time (years) spent in this occupation		Date of onset
	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)				
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)			Other contributory causes of importance:		
FATHER	13. NAME		Name of operation _____ Date of _____		
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)		What test confirmed diagnosis? _____ Was there an autopsy? _____		
MOTHER	15. MAIDEN NAME		23. If death was due to external causes (violence), fill in also the following:		
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)		Accident, suicide, or homicide? _____ Date of injury _____, 19____		
17. INFORMANT (ADDRESS)			Where did injury occur? _____ (Specify city or town, county, and State)		
18. BURIAL, CREMATION, OR REMOVAL PLACE _____ DATE _____, 19____			Specify whether injury occurred in industry, in home, or in public place.		
19. FUNERAL DIRECTOR (ADDRESS)			Manner of injury _____ Nature of injury _____		
20. FILED <u>1/19</u> , 19 <u>39</u> <u>Wm O Bannon</u> Local Registrar			24. Was disease or injury in any way related to occupation of deceased? _____ If so, specify _____ (Signed) <u>Wm M Jackson</u> , M. D. (Address) <u>New Madrid Mo</u>		

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAWS

SUPPLEMENTARY

