

REC'D MAR 9 1939

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

Do not use this space.

1. PLACE OF DEATH

County TexasTownship Carroll

City

(No.

Registration District No. 1077Primary Registration District No. 6140

File No.

8054

Registered No. 4

St.

Ward)

2. FULL NAME

(a) Residence, No.

(Usual place of abode)

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

M

4. COLOR OR RACE

W.5. SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)Widowed5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF
(OR) WIFE OF

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

Nov 21 - 1867

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1
day, hrs.
or min.701121

OCCUPATION

8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.former9. 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)..... Retired11. Total time (years)
spent in this
occupation12. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)Boyswood Va.

FATHER

13. NAME

William Johnson14. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)Boyswood Va.

MOTHER

15. MAIDEN NAME

Sophie Beckner16. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)Germany17. INFORMANT
(ADDRESS)William Johnson Jr.
Summersville Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Summersville Mo.

DATE

2/27/1939

19. UNDERTAKER

(ADDRESS)

Franklin Funeral Home
Mt. View Mo.

20. FILED

2/28/1939J. B. McDaniel M.D.

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2/24/1939

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 2 P. m.

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

Date of onset

Apoplexy
(Deed Sollen)

Other contributory causes of importance:

82nd

Names 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) J. B. McDaniel

M. D.

848 (Address) Summersville 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.

