

REC'D APR 20 1939

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

12167

Do not use this space.

1. PLACE OF DEATH

(a) County St. Francois Registration District No. 773
 (b) Township St. Francois Primary Registration District No. 6018A
 (c) City Near Farmington (d) Street No. State Hospital No. 4 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 525 GEORGE WILLIAM JOHNSON

(a) Residence, No. DeSoto, Mo. Route #2 St.
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

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 Mrs. George Johnson
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 15, 1902
 7. AGE YEARS 37 MONTHS 0 DAYS 18 If LESS than 1 day,hrs. ormin.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Truck driver
 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) DeSoto, Missouri
 (STATE OR COUNTRY)

FATHER 13. NAME George A. Johnson

14. BIRTHPLACE (CITY OR TOWN) Jefferson County, Missouri
 (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME Rosa Poucher

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

17. INFORMANT Records of State Hospital No. 4
 (ADDRESS) Farmington, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE DeSoto, Mo. DATE March 8th 1939

19. FUNERAL DIRECTOR (NAME) J. Lee Mothershead
 (ADDRESS) DeSoto, Missouri

20. FILED Mar 6 1939 T. J. Robinson
 Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 5th 1939

22. I HEREBY CERTIFY, That I attended deceased from 1-28-99 1939, to 3-5 1939

I last saw h. am alive on 3-5 1939 Death is said to have occurred on the date stated above, at 4:45p m.

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

General paralysis (paralysis) with
terminal vasomotor & cardiac collapse 5-6 hrs
 Date of onset

Other contributory causes of importance:
Renal Pt. Nephritis (chronic) 3
Rt. Duodenal Ulcer

Name of operation none Date of no
 What test confirmed diagnosis Pl. & Lab 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 _____, 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? no
 If so, specify _____
 (Signed) J. Lee Mothershead M. D.

(Address) Farmington, Mo.

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

L. E. Matherhead
Licensed Embalmer No. 3531

P. O. Address Edgemoor

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.