

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

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

Do not use this space.

10840

1. PLACE OF DEATH

County Douglas
Township Spring Creek
City Squires (No.)

Registration District No. 974
Primary Registration District No. 5382

File No.
Registered No. 7
St. Ward

2. FULL NAME Dale Edward Johnson

(a) Residence, No. St. Ward.
(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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 9-1936

| 7. AGE | YEARS | MONTHS | DAYS | If LESS than 1 day, hrs. or min. |
|--------|-------|----------|----------|----------------------------------------------|
| | | <u>2</u> | <u>3</u> | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
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) Squires, Mo
(STATE OR COUNTRY)

FATHER 13. NAME Argie Johnson

FATHER 14. BIRTHPLACE (CITY OR TOWN) Squires, Mo
(STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME Bertha Manning

MOTHER 16. BIRTHPLACE (CITY OR TOWN) Douglas Co. Mo
(STATE OR COUNTRY)

17. INFORMANT Argie Johnson
(ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL
PLACE Spring Creek DATE Dec. 12 1936

19. UNDERTAKER
(ADDRESS)

23. FILED 3, 12 1940 Dona Mendel
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 12 1936

22. I HEREBY CERTIFY That I attended deceased from Dec 4 1936 to Dec 4 1936

I last saw h. a. alive on 1936 Death is said to have occurred on the date stated above, at 7 C. m.

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

Practiced Birth
Date of onset

Other contributory causes of importance:

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) Dona Mendel M. D.
(Address) Spring Creek

RECEIVED

District Office No. 6,

District File Number 440-1091

Date Filed APR 11 1940