

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

Do not use this space.

1. PLACE OF DEATH

County Henry Registration District No. 357  
Towship Franklin Primary Registration District No. 5492  
City Depue, Mo. (No. ....) St. .... Ward) (If nonresident give city or town and State)

File No. 24845  
Registered No. 12

2. FULL NAME C. J. 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 M. 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 30 - 1867

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
64 | 11 | ✓

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Farmer  
(b) General nature of industry, business, or establishment in which employed (or employer) .....  
(c) Name of employer .....

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY) Kentucky

10. NAME OF FATHER Harold Johnson

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY) Kentucky

12. MAIDEN NAME OF MOTHER Nancy Braden

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY) Kentucky

14.

INFORMANT C. W. Johnson  
(Address) Springfield, Mo.

15.

FILED 7-2 1931 J. J. Small  
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 7-28 1931

17. I HEREBY CERTIFY, That I attended deceased from 7-28 1931 to Aug 13 1931 that I last saw living alive on Aug 13 1931 and that death occurred, on the date stated above, at Depue, Mo.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Don't know  
2005

CONTRIBUTORY (SECONDARY)

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH, .....

8 DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) G. S. Walker (Coroner), M. D.

7-2, 1931 (Address) Clinton Mo.

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

K. P. Mason 7-28 1931

20. UNDERTAKER

ADDRESS

Sam Hunt Depue, 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.

AUG 26 1930

