

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

Do not use this space.

19319

1. PLACE OF DEATH
 County Henry Registration District No. 355
 Township Halsell Primary Registration District No. 5498
 City near Mautsman (No.) St. Ward

2. FULL NAME William H. Johnston
 (a) Residence. No. near Mautsman St. Ward.
 (Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred 25 yrs. - mos. - ds. How long in U.S., if of foreign birth? 56 yrs. - mos. - ds.

File No.
 Registered No. 5
 St. Ward

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 Lillie P Johnston

6. DATE OF BIRTH (MONTH, DAY AND YEAR) March 5 1959

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>73</u>	<u>3</u>	<u>11</u>	

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). General farm work
 (c) Name of employer Himself

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland (Europe)

10. NAME OF FATHER Arthur Johnston

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Ireland

12. MAIDEN NAME OF MOTHER Rebecca Caldwell

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Ireland

14. INFORMANT (Address) Lillie P Johnston

15. FILED 8-10, 1932 W E Baggerly REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 16th 1932

17. I HEREBY CERTIFY, That I attended deceased from Oct 1931, to June 16th 1932, that I last saw him alive on June 16th 1932, and that death occurred, on the date stated above, at June 16th 11 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
131
177 Paraneuronal Nephritis
 (duration) 2 yrs. - mos. - ds.
 CONTRIBUTORY (SECONDARY) Prostatitis
 (duration) 2 yrs. - mos. - ds.

18. WHERE WAS DISEASE CONTRACTED 127
 IF NOT AT PLACE OF DEATH 1

19. DID AN OPERATION PRECEDE DEATH? no DATE OF

20. WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Physically microscopic
 (Signed) J. S. McDonald, M. D.
6-17, 1932 (Address) Rich 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 White Oaks DATE OF BURIAL 6/19 1932

20. UNDERTAKER J. H. Smith ADDRESS 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 24 1932

PARENTS

