

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.

DEC 18 1935

35877

1. PLACE OF DEATH

County Henry Registration District No. 247 File No. _____
 Township Bethlehem Primary Registration District No. 5489A Registered No. _____
 City Clinton (No. _____) St. _____ Ward _____

2. FULL NAME James Johnson Dean

(a) Residence, No. Clinton mo. B. 7 St. _____ Ward _____
 (Usual place of abode)

Length of residence in city or town where death occurred 65 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) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 20, 1844

7. AGE YEARS 91 MONTHS 9 DAYS 2 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
 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 life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Iowa

13. NAME Silas Dean

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) mo. & Va.

15. MAIDEN NAME Antonia H. Henry

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) mo. & Va.

17. INFORMANT Mrs. Nettie Knobel (ADDRESS) Clinton mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Englewood DATE 11, 23, 1935

19. UNDERTAKER W. J. Johnson Funeral Home (ADDRESS) Clinton mo.

20. FILED 11-23, 1935 J. R. Hampton Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11-22, 1935

22. I HEREBY CERTIFY, That I attended deceased from 11-20, 1935, to 11-22, 1935

I last saw him alive on 11-21, 1935. Death is said to have occurred on the date stated above, at 5 A.M.

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

Influenza
Senility
 Date of onset 11-18-35

Other contributory causes of importance: Senility

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? No
 If so, specify _____

(Signed) W. J. Johnson, M. D.
 (Address) Clinton mo.

