

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

Do not use this space.

4958

1. PLACE OF DEATH
 County Scotland Registration District No. 810
 Township N. Union Primary Registration District No. 6056
 City (No.) St. Ward

2. FULL NAME Charles 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 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 Elmyra Johnson

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan 20, 1857

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
<u>71</u>	<u>11</u>	<u>11</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)

9. BIRTHPLACE (CITY OR TOWN) Scotland Co. Mo.
 (STATE OR COUNTRY)

10. NAME OF FATHER Jacob Johnson

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

12. MAIDEN NAME OF MOTHER Mary Davidson

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

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 1, 1929

17. N HEREBY CERTIFY, That I attended deceased from Dec. 30, 1928 to Jan 1, 1929
 that I last saw him alive on Dec 31, 1928, and that death occurred, on the date stated above, at 2:42 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Croupous Pneumonia
11A
1.68
 (duration) yrs. mos. ds. 3 ds.

CONTRIBUTORY (SECONDARY) Flu
 (duration) yrs. mos. ds. 11A

18. WHERE WAS DISEASE CONTRIBUTED
 IF NOT AT PLACE OF DEATH: 11A

19. DID AN OPERATION PRECEDE DEATH? No. DATE OF

20. WAS THERE AN AUTOPSY? No.

WHAT TEST CONFIRMED DIAGNOSIS Clinical
 (Signed) C. Stephenson, M. D.
 . 1929 (Address) Milton Ia.

*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.

14. INFORMANT (Address) Mrs. Dang Mustie

15. FILED 1/6 29 E. E. Parrish REGISTRAR

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Richland cemetery DATE OF BURIAL 1/31 1929

20. UNDERTAKER H. N. Payne & Sons ADDRESS Memphis

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.

5-1929
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