JUN 4

1928

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

Do not use this space.

14506

1. PLACE OF DEATH

County: Ray — Registration District No. 915 — File No.

Township: Knoxville — Primary Registration District No. 6236 — Registered No. 7

City ..... (No. ....., ... St. ..... Ward)

2. FULL NAME Cleo Estes 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Female	White	Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): 12/5/1905

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	22	4	18	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: At Home
(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) Ray Co Mo.

PARENTS

10. NAME OF FATHER: N.B. Estes

11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Clay Co Mo.

12. MAIDEN NAME OF MOTHER: Florence Gentry

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

14. INFORMANT: N.B. Estes
(Address) Richmond Mo R.F.D.

15. FILED Apr 24 1928 Mrs. G. W. Gaines, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): 4/23/28 19

17. I HEREBY CERTIFY, That I attended deceased from Apr 18 1928, to Apr 23 1928 that I last saw him alive on Apr 23 1928 and that death occurred, on the date stated above, at 11:30 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Influenza Pneumonia
(duration) ..... yrs. ..... mos. 6 ds.

CONTRIBUTORY (SECONDARY) Pulmonary Tuberculosis
(duration) 1 yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? ✓
DID AN OPERATION PRECEDE DEATH? No. DATE OF ✓
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Clinical
(Signed) D. W. Gaines, M. D.
Apr 23 1928 (Address) Royville, 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: Hamilton Cem. — DATE OF BURIAL: 4/25/28

20. UNDERTAKER: L. P. McDowell. — ADDRESS: Richmond

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.

MARGIN RESERVED FOR BINDING

V. S. NO. 2.