

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

Do not use this space.

15709

1. PLACE OF DEATH

County Ray  
Township Knopville  
City \_\_\_\_\_ (No. \_\_\_\_\_)

Registration District No. 915  
Primary Registration District No. 6236

File No. \_\_\_\_\_  
Registered No. 8  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME John Johnson

(a) Residence No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode)  
Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da. (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 Married  
(write the word)

5A. If MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or) WIFE OF Amitha B Johnson

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 3/26/1860

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
69 0 II

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) Ind.

10. NAME OF FATHER Philander Johnson

11. BIRTHPLACE OF FATHER (CITY OR TOWN) \_\_\_\_\_ (STATE OR COUNTRY) New York

12. MAIDEN NAME OF MOTHER Elizabeth Martin

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) \_\_\_\_\_ (STATE OR COUNTRY) Ind

14. INFORMANT J.P. Johnson  
(Address) Richmond Mo R.F.D.

15. FILED Apr 8, 1929 Mrs. G.W. Gaine REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 7 1929

17. I HEREBY CERTIFY That I attended deceased from Apr 5 1929 to Apr 7 1929 that I last saw him alive on Apr 5 1929 and that death occurred, on the date stated above, at 5:30 P.M.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Myocardial trouble with valvular lesions

CONTRIBUTORY (SECONDARY) NO

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

0 DID AN OPERATION PRECEDE DEATH. NO DATE OF \_\_\_\_\_

WAS THERE AN AUTOPSY? NO

WHAT TEST CONFIRMED DIAGNOSIS? None

(Signed) R.D. Green, M.D.  
Apr 8, 1929 (Address) Richmond 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 McDonald Cem. DATE OF BURIAL 4/9/29 19

20. UNDERTAKER C.C. Mansueti ADDRESS Richmond  
No. \_\_\_\_\_

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.

WHILE FILLING IN THIS FORM, WITH SPACING INSTRUMENTS IS AN IMPROVEMENT RECORD

MAY 29 1929

