

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

1 PLACE OF DEATH

County Ray
Township Candler
or
Village
or
City

Registration District No. 739 File No. 14927
Primary Registration District No. 4447 Registered No. 5974
(NO. St. Ward)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

2 FULL NAME Stephen Eugene Johnson

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 SINGLE MARRIED WIDOWED OR DIVORCED (Write the word) —
6 DATE OF BIRTH April 6 1919
(Month) (Day) (Year)
7 AGE 8 yrs. 8 mos. 8 ds. If LESS than 1 day, hrs. or min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work —
(b) General nature of industry business, or establishment in which employed (or employer) —

9 BIRTHPLACE (City or town, State or foreign country) New Candler, Mo.

10 NAME OF FATHER George Johnson
11 BIRTHPLACE OF FATHER (City or town, State or foreign country) Mo.
12 MAIDEN NAME OF MOTHER Paula Haupt
13 BIRTHPLACE OF MOTHER (City or town, State or foreign country) Missouri

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Paul Haupt
(Address) Candler, Mo.

15 Filed 4/14 1919 E.S. Pennington
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH April 14 1919
(Month) (Day) (Year)

17 I HEREBY CERTIFY, that I attended deceased from 191 to 191, that I last saw him alive on 191, and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:
Permatum birth
157 151
(Duration) 1 yrs. 5 mos. 1 ds.

CONTRIBUTORY (Secondary)
(Duration) 1 yrs. 5 mos. 1 ds.
(Signed) E.S. Pennington M. D.
4/14 1919 (Address) Candler, Mo.

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents)
At place of death 1 yrs. 5 mos. 1 ds. In the State 1 yrs. 5 mos. 1 ds.
Where was disease contracted if not at place of death?
Former or usual residence

19 PLACE OF BURIAL OR REMOVAL Candler, Mo. DATE OF BURIAL 4-14 1919
20 UNDERTAKER W.H. Pennington ADDRESS Candler, Mo.

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CERTIFICATE OF DEATH**

1 PLACE OF DEATH
County

Township Registration District No. File No.
 or
 Village Primary Registration District No. Registered No.
 or
 City (NO.) St. Ward
 If death occur hospital or inst give its NAME of street and no

2 FULL NAME

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE MARRIED WIDOWED OR DIVORCED (Write the word)
6 DATE OF BIRTH	(Month)	(Day)
7 AGE	IF LESS than 1 day	hrs.
8 OCCUPATION	yes	mos. ds.
(a) Trade, profession, or particular kind of work.		
(b) General nature of industry business, or establishment in which employed (or employer)		
9 BIRTHPLACE	(City or town, State or foreign country)	
10 NAME OF FATHER		
11 BIRTHPLACE OF FATHER (City or town, State or foreign country)		
12 MAIDEN NAME OF MOTHER		
13 BIRTHPLACE OF MOTHER (City or town, State or foreign country)		

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

(Address)

15

Filed

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (Month)

17 I HEREBY CERTIFY, that I attended deceased

that I last saw h..... alive on....., 191..... to....., 191.....

and that death occurred, on the date stated above, at.....

The CAUSE OF DEATH* was as follows:

.....

..... (Duration) yrs. mos.

CONTRIBUTORY (Secondary)

(Signed)..... (Duration) yrs. mos.

..... 191..... (Address)

*State the Disease Causing Death, or, in death from Victim's Cause, (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Farms or Recent Residents)

At place of death..... yrs. mos. ds. State.....

Where was disease contracted if not at place of death? Former or usual residence

19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL

20 UNDERTAKER ADDRESS