

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

Do not use this space.

REC'D MAR 16 1939

6323

1. PLACE OF DEATH

County Cook

Registration District No. 218

File No.

Township Boonville

Primary Registration District No. 3015

Registered No. 27

City Boonville

(No. 1)

of Van Ravenswaay Clinic

Ward

2. FULL NAME

(a) Residence, No. 525

St.

Ward.

Ward 5, Mo.

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

MEDICAL CERTIFICATE OF DEATH

3. SEX

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

21. DATE OF DEATH (MONTH, DAY, AND YEAR)

2-19-39

Male

White

Married

22. I HEREBY CERTIFY, That I attended deceased from

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

Wynne Johnson

2-9-39 to 2-19-39

I last saw him alive on 2-18-39

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

11-16-1882

Death is said to have occurred on the date stated above, at 3:30 m.

7. AGE

YEARS

MONTHS

DAYS

IF LESS than 1 day, hrs. or min.

57

3

3

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

Cerebral Hemorrhage

Date of onset

OCCUPATION

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

None

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

Other contributory causes of importance

Appendicitis

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

Mo

FATHER

13. NAME

Frank Johnson

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Mo

MOTHER

15. MAIDEN NAME

Artie Muehl

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Mo

17. INFORMANT (ADDRESS)

Lucia Lyle Johnson

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Wagon

DATE

2-20-39

19. UNDERTAKER (ADDRESS)

Edgar H. Spurbuck

20. FILED

2-20

1939

W. Cooper

Registrar

197 (Address)

Frank Johnson

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.

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed 3/6/39