

REC'D JUL 19 1938

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

Do not use this space.

21744

## 1. PLACE OF DEATH

County Dekalb.Township Dallas.City Dallas.Registration District No. 263Primary Registration District No. 5266

File No. ....

Registered No. ....

St. .... Ward)

## 2. FULL NAME

George Washington Johnson.(a) Residence, No. 7 1/2 Mi. N.E. Maysville, St. Mo. Ward.

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. (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 (write the word)

Married.

## 5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF  
(OR) WIFE OFSallie Johnson.6. DATE OF BIRTH (MONTH, DAY, AND YEAR) November 11, 1857

## 7. AGE

80

YEARS

MONTHS

7

DAYS

5If LESS than 1  
day, ..... hrs.  
or ..... min.8. Trade, profession, or particular  
kind of work done, as spinner,  
sawyer, bookkeeper, etc.Fa rmer.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 .....

OCCUPATION

12. BIRTHPLACE (CITY OR TOWN)  
(STATE OR COUNTRY) Altamont, Missouri.

## 13. NAME

Lewis Johnson.14. BIRTHPLACE (CITY OR TOWN)  
(STATE OR COUNTRY)Virginia.

## 15. MAIDEN NAME

Mary Saunders.16. BIRTHPLACE (CITY OR TOWN)  
(STATE OR COUNTRY)Virginia.

## 17. INFORMANT

Roy Johnson.

(ADDRESS)

Maysville, Mo. R.F.D.

## 18. BURIAL, CREMATION, OR REMOVAL

PLACE Hopewell Cem. DATE June 18, 1938

## 19. UNDERTAKER

U. G. Pilcher.

(ADDRESS)

Maysville, Mo.

## 20. FILED

July 16, 1938 James Fitzgerald  
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 16, 193822. I HEREBY CERTIFY That I attended deceased from  
March 15, 1938 to June 16, 1938I last saw him 1m alive on June 19, 1938 Death is saidto have occurred on the date stated above, at 2:30P. m.

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

Chronic Myocarditis Date of onset

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No.

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19...

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? 3

If so, specify .....

(Signed) Dr. R. R. Reynolds238 (Address) Maysville Mo

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.

