

APR 7 1939

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

Do not use this space.

10381

1. PLACE OF DEATH

County Carroll
Township Pidge
City Bosworth (No. _____)

Registration District No. 134
Primary Registration District No. 4075

File No. _____
Registered No. 7
St. _____ Ward _____

2. FULL NAME

OTTO D. 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 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 OF Oliver Johnson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 4, 1864

7. AGE YEARS 74 MONTHS 6 DAYS 22 If LESS than 1 day, _____ hrs. or _____ min.

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

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

FATHER 13. NAME McNeal Johnson

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

MOTHER 15. MAIDEN NAME Amanda Lewis

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

17. INFORMANT (ADDRESS) Mrs Otto Johnson, Bosworth, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Wheatland, Mo. DATE March 28, 1939

19. UNDERTAKER (ADDRESS) David J. Edmunds, Bosworth, Mo.

20. FILED Mar. 27, 1939 Mrs. A. J. Brown Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 26, 1939

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____. I last saw him alive on Mar 2, 1939. Death is said to have occurred on the date stated above, at 2:15 p.m. The principal cause of death and related causes of importance were as follows:

Carcinoma of the Stomach Date of onset _____

Other contributory causes of importance: Effusion to Pleural End of Stomach

Name of operation _____ Date of _____
What test confirmed diagnosis? Autopsy

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? No
If so, specify _____ (Signed) A. J. Brown (Address) Bosworth, 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.

