

REC'D JUN 19 1939

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

17882
Do not use this space.

1. PLACE OF DEATH

(a) County Putnam Adair Registration District No. 4
 (b) Township Putnam Primary Registration District No. 3001 Registered No. 137
 (c) City Putnam or Putnam Putnam Street No. Trim-Smith Hospital St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. 539 W. A. Johnson (Nipples A Johnson) St. Mo.
 (Usual place of abode, if no street address, write county or city) (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 single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 17 - 1868

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
70 5 17

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired Farmer
 9. Industry or business in which work was done, as 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) Missouri

FATHER 13. NAME J. D. Johnson

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

MOTHER 15. MAIDEN NAME Ellen Hillbert

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

17. INFORMANT (ADDRESS) Parent, Houston

18. BURIAL, CREMATION, OR REMOVAL PLACE Putnam DATE June 6, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Ed. H. Hester, Putnam, Mo.

20. FILED June 4, 1939 Spencer L. Thelmer Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 4, 1939

22. I HEREBY CERTIFY That I attended deceased from May 16, 1939 to June 4, 1939

I last saw him live on June 4, 1939. Death is said to have occurred on the date stated above, at 3:00 P. M.
 The principal cause of death and related causes of importance were as follows:

Carcinoma of Stomach Date of onset 1928

Other contributory causes of importance: 470

Name of operator Gastroenterology Date of 5-20-39

What test confirmed diagnosis? X-ray Was there an autopsy? Yes

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? Yes

If so, specify

(Signed) Alfred A. B. ... M.D.

(Address) Putnam, Mo.

RECEIVED

District Health Officer No. 10

District File Number 10-39-1128

Date Filed JUN 15 1939

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed F. O. Husted

Licensed Embalmer No. 2975

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.