

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

Do not use this space.

7685

**1. PLACE OF DEATH**

County Barry  
Township D  
City Monett (No. ....)

Registration District No. 30  
Primary Registration District No. 3003

File No. ....  
Registered No. 28  
St. .... Ward)

**2. FULL NAME**

Robert Johnston

(a) Residence No. 411 6th 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. da. How long in U.S., if of foreign birth? yrs. mos. da.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) April 25, 1858

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
69 10 28

8. OCCUPATION OF DECEASED  
(a) Trade, profession, or particular kind of work Real Estate  
(b) General nature of industry, business, or establishment in which employed (or employer)  
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Scotland

10. NAME OF FATHER James Johnston

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Scotland

12. MAIDEN NAME OF MOTHER Mary

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Scotland

14. INFORMANT (Address) James Johnston  
Monett - Mo

15. FILED 3-26-24 W.M. West REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 23 1928

17. I HEREBY CERTIFY, That I attended deceased from March 19, 1928, to March 23, 1928, that I last saw him alive on March 23, 1928, and that death occurred, on the date stated above, at 8:30 P.M.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Bronchial Pneumonia  
107A 100th  
87B (duration) yrs. mos. 2 da.

CONTRIBUTORY Brain complications (SECONDARY) (duration) yrs. mos. 2 da.

18. WHERE WAS DISEASE CONTRACTED  
IF NOT AT PLACE OF DEATH: .....

DID AN OPERATION PRECEDE DEATH? No DATE OF .....

WAS THERE AN AUTOPSY? .....

WHAT TEST CONFIRMED DIAGNOSIS?  
(Signed) G. L. Insbury M. D.  
, 19 (Address) Monett Mo

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Ms Calvary Cemetery DATE OF BURIAL 3/27 1928

20. UNDERTAKER Callaway ADDRESS Monett

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.

1928

