

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

Do not use this space.

37197

162

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

1. PLACE OF DEATH

County St. Francois Registration District No. 994
Township _____ Primary Registration District No. 60-15-B
City Star River (No. _____) St. _____ Ward _____

2. FULL NAME

William M 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 W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) widower

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug 4th 1854

7. AGE YEARS MONTHS DAY If LESS than 1 day, _____ hrs. or _____ min.
76 3 20

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

9. BIRTHPLACE (CITY OR TOWN) _____ (STATE OR COUNTRY) Mo.

PARENTS
10. NAME OF FATHER unknown
11. BIRTHPLACE OF FATHER (CITY OR TOWN) _____ (STATE OR COUNTRY) unknown
12. MAIDEN NAME OF MOTHER unknown
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) _____ (STATE OR COUNTRY) unknown

14. INFORMANT Wm E Johnson (Address) Star River, Mo

15. FILED Nov 30 1930 W J Bryan REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov. 24 1930

17. I HEREBY CERTIFY, That I attended deceased from Nov. 17, 1930, to Nov. 24, 1930 that I last saw him alive on Nov. 22, 1930, and that death occurred, on the date stated above, at 1:40 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Carcinoma (Gastric)
46
160 (duration) 6 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) sewer (duration) _____ yrs. mos. ds.

18. 4/4 D.P.
WAS THERE AN OPERATION PRECEDE DEATH? no DATE OF _____
WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS clinical
(Signed) Edw Robboch, M. D.
11/24, 1930 (Address) Star River 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 Liberty-Ville Cemetery DATE OF BURIAL 11-25-30
Libertyville, Mo

20. UNDERTAKER W.A. Caldwell ADDRESS Star River

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

1899