

35138

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

1. PLACE OF DEATH

County Sullivan
Township Osmond
City Osmond (No.) St. Ward)

Registration District No. 554
Primary Registration District No. 3520

File No.
Registered No. 5

2. FULL NAME

Miller Lloyd 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

MEDICAL CERTIFICATE OF DEATH

3. SEX

Male

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

Single

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

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

June 9 - 1910

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

20

4

2

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

Carpenter, Laborer

(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)

Grundy Co. Mo

10. NAME OF FATHER

R. O. Johnson

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Grundy Co. Mo.

12. MAIDEN NAME OF MOTHER

Lizzie Phipps

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Sullivan Co. Mo

14.

INFORMANT
(Address)

Roy Johnson
Galt Mo

15.

FILED Oct. 12, 1930

R. J. Jones

REGISTRAR

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct. 11 1930

17.

I HEREBY CERTIFY, That I attended deceased from 10-10- 1930, to 10-11- 1930, that I last saw him alive on 10-11- 1930, and that death occurred, on the date stated above, at 11:30 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Gasoline Burns, Accidental, starting fire

(duration) yrs. mos. 1 ds.

CONTRIBUTORY (SECONDARY)

(duration) yrs. mos. 1 ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? no

DATE OF 20

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS

(Signed) U. C. Weston, M. D.

10-11-1930 (Address) Galt 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

DATE OF BURIAL

Mt. Zion Galt Mo R7D,

Oct 12 1930

20. UNDERTAKER

ADDRESS

R. J. Johnson

Galt Mo

NOV 28 1930

