

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.

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

Do not use this space.

FEB 8 1935

32

1. PLACE OF DEATH

County Andrew
Township
City Savannah (No. Dr. Phelps Sanatorium)

Registration District No. 13
Primary Registration District No. 7030

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

2. FULL NAME

(a) Residence, No. _____ St. _____ Ward. _____
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. 3 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

Austin Johnston Linnell Iowa
(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 (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 11-1-1866

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
68 2 5

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. farm

10. Date deceased last worked at this occupation (month and year) July 29, 35 11. Total time (years) spent in this occupation 47 1/2

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Ohio

13. NAME James Henry Johnston

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Pennsylvania

15. MAIDEN NAME Mary J. Moore

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Pennsylvania

17. INFORMANT Gordon R. Johnston (ADDRESS) Linnell Iowa

18. BURIAL, CREMATION, OR REMOVAL PLACE Linnell Ia DATE Jan 8th 35

19. UNDERTAKER Frank A. Bauman (ADDRESS) Savannah Mo.

20. FILED 1-6 19 35 Med. A. King Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-6-1935

22. I HEREBY CERTIFY, That I attended deceased from 1-3-1935, to 1-6-1935. I last saw him alive on 1-6-1935. Death is said to have occurred on the date stated above, at 11:45 a.m. The principal cause of death and related causes of importance were as follows:

Acute Mitral Insufficiency
45

Date of onset 1 day

Other contributory causes of importance: Carcinoma inside both cheeks

15 yrs

Name of operation Malaligned growth removed Date of 1-3-35
What test confirmed diagnosis? Impud Was there an autopsy? no

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) Willard A. Stearns, M. D.
(Address) Savannah Mo.

