

STATE OF ILLINOIS - DEPARTMENT OF PUBLIC HEALTH  
 CERTIFIED COPY OF A DEATH RECORD

FEE RECEIPT NO.

767485

1. PLACE OF DEATH  
 County of White Registration  
 Dist. No. 921  
 Township or Road District or Village of \_\_\_\_\_  
 City of Stirling  
 Street and Number, No. 907 Beach St. St.; \_\_\_\_\_ Ward, \_\_\_\_\_ Hospital

STATE OF ILLINOIS ORIGINAL  
 Department of Public Health—Division of Vital Statistics  
 STANDARD CERTIFICATE OF DEATH

Primary Dist. No. 3719 12585 Registered No. 27  
 (Consecutive No.)

2. FULL NAME Osbert B. Johnson  
 Residence. No. 907 Beach St. St.; \_\_\_\_\_ Ward, \_\_\_\_\_ Hospital  
 (Usual place of abode) (If non-resident, give city or town and state)  
 Length of residence in city or town where death occurred 5 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 married  
 (Write the word)  
 5a. If married, widowed or divorced HUSBAND of (or) WIFE of Mrs. Josephine Johnson  
 6. DATE OF BIRTH May 23<sup>rd</sup> 1884  
 (Month) (Day) (Year)  
 7. AGE Years 80 Months 9 Days 14 If LESS than 1 day... hrs. OR... min.?  
 8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work Lawyer  
 (b) General nature of industry, business, or establishment in which employed (or employer) Self  
 (c) Name of employer \_\_\_\_\_

16. DATE OF DEATH March 7<sup>th</sup> 1925  
 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from May 20, 1925 to March 7, 1925 that I last saw him alive on March 7, 1925 and that death occurred, on the date stated above, at 4:15 P.M. The CAUSE OF DEATH\* was as follows:

Mitral Insufficiency  
 Contributory (Duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. 5 ds.  
 (Secondary) Senility  
 (Duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

9. BIRTHPLACE (city or town) Utica  
 (State or Country) New York  
 10. NAME OF FATHER Osbert Johnson  
 11. BIRTHPLACE OF FATHER (city or town) Osage Co. N.Y.  
 (State or Country) \_\_\_\_\_  
 12. MAIDEN NAME OF MOTHER Mary Webb  
 13. BIRTHPLACE OF MOTHER (city or town) Hadley  
 (State or Country) N.Y.

18. WHERE WAS DISEASE CONTRACTED  
 If not at place of death? \_\_\_\_\_  
 Did an operation precede death? No Date of \_\_\_\_\_  
 Was there an autopsy? No  
 What test confirmed diagnosis?  
 (Signed) W. H. McKeegan M. D.  
 Address Stirling, Ill.  
 Date March 7, 1925 Telephone 402

14. INFORMANT Dr. J. W. Lewis  
 Address Dr. J. W. Lewis

\*N. B.—State the disease causing death. All cases of death from "Violence, casualty, or any undue means" must be referred to the coroner. See Section 10, Coroner's Act. (See reverse side.)  
 19. PLACE OF BURIAL OR REMOVAL Divorcide Cemetery 21. DATE OF BURIAL Mar 10, 1925  
 20. UNDERTAKER R. B. Melvin ADDRESS 106 W. 3<sup>rd</sup> St.

If Has decedent ever served in military or naval service of U. S.?

PARENTS

INFORMANT

15. Mar 10, 1925 Larry H. Co  
 Filed \_\_\_\_\_ Registrar.

Stirling, Ill.