

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.

AUG 19 1936 MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

30420

1. PLACE OF DEATH
 County DeWitt County Registration District No. 258
 Township North Washington Primary Registration District No. 5-960-A
 City Clarksdale (No.) St. Ward

2. FULL NAME John Thomas Johnson
 (a) Residence, No. Clarksdale, Miss. Ward.
 (Usual place of abode)
 Length of residence in city or town where death occurred 26 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

File No.
 Registered No.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (writes the words) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 28-1859

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>83</u>	<u>9</u>	<u>8</u>	

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.

10. Date deceased last worked at this occupation (month and year) 7-3-35 11. Total time (years) spent in this occupation 59

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

MOTHER FATHER

13. NAME Richard Johnson
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Thomson
 15. MAIDEN NAME Sarah Stone
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

17. INFORMANT (ADDRESS) Sallie J. Johnson
Clarksdale, Miss.

18. BURIAL, CREMATION, OR REMOVAL PLACE Union Chapel DATE Aug 4 1936

19. UNDERTAKER (ADDRESS) John G. Brown
Clarksdale, Miss.

20. FILED Aug 5 1936 Mrs C A Davis
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 3 1936

22. I HEREBY CERTIFY, That I attended deceased from Aug 3 1936 to Aug 3 1936
 I last saw him alive on Aug 2 1936 Death is said to have occurred on the date stated above, at 12:30 p.m.
 The principal cause of death and related causes of importance were as follows:
Myocardial Regurgitation Date of onset

Other contributory causes of importance:

Name of operation none Date of
 What test confirmed diagnosis? Chemical Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? none Date of injury, 19...
 Where did injury occur? none
 (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury none
 Nature of injury none

24. Was disease or injury in any way related to occupation of deceased? No
 If so, specify

(Signed) D. F. T. Bigham M. D.
 (Address) Easton, Miss.

