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.

NOV 26 1927

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

Do not use this space.

30984

1. PLACE OF DEATH
County Mississippi — Registration District No. 566 — File No.
Township Township — Primary Registration District No. 3030 — Registered No. 94
City Charleston (No. ..... St. ..... Ward)

2. FULL NAME Thomas Jefferson Johns
(a) Residence. No. North Main Street St., ... Ward. .....
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred 27 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M
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 Alice Hancock Johns

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 8-14-1858

7. AGE Years 69 Months 2 Days 3 If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Farmer & Miller
(b) General nature of industry, business, or establishment in which employed (or employer) 82
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) London Ontario
(STATE OR COUNTRY) England

PARENTS
10. NAME OF FATHER John Johns
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Wadenpore
(STATE OR COUNTRY) England
12. MAIDEN NAME OF MOTHER Lillian Ingram
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Aberdeen
(STATE OR COUNTRY) Scotland

14. INFORMANT Alice Hancock (Mrs. T. J.) Johns
(Address) Charleston, Mo.

15. FILED Oct 18th, 1927 F S Vernon REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 10-17th 1927

17. Inquest
I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....
that I last saw h..... alive on ....., 19....., and that death occurred, on the date stated above, at 1:30 P.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Unknown. He was found dead in toilet. Resumed to have died of apoplexy as he was in act of having bowel movement
(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) 7 4 A 1
(duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? no DATE OF
WAS THERE AN AUTOPSY? no Inquest
WHAT TEST CONFIRMED DIAGNOSIS? Inquest
(Signed) Frank S Vernon, M. D
10-17-1927 (Address) Charleston Mo Coroner

*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 I. O. O. F. Cemetery
DATE OF BURIAL 10-19 1927

20. UNDERTAKER The Fair Undertaking Co
ADDRESS Charleston