

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

Do not use this space

36280

1. PLACE OF DEATH

County Chariton
Township Wayland
City (No.) St. Ward

Registration District No. 178
Primary Registration District No. 5240

File No. 12,23
Registered No.

2. FULL NAME

Eldrige Waller 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. da. How long in U.S., if of foreign birth? yrs. mos. da.

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 Mrs Florence Johnson

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 14, 1950

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
77 5 8

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Farmer & Carpenter
(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) Chariton Co.

10. NAME OF FATHER Asule Johnson

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Missouri

12. MAIDEN NAME OF MOTHER Mary E. Clarkson

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Missouri

14. INFORMANT (Address) C. S. Johnson
Prairie Hill Mo #1

15. FILED 12-23, 1927 J. D. McAdam
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 22 1927

17. I HEREBY CERTIFY, That I attended deceased from Dec 17, 1927, to Dec 22, 1927, that I last saw him alive on Dec 22, 1927, and that death occurred, on the date stated above, at 9 p. m.

THE CAUSE OF DEATH WAS AS FOLLOWS:

Cerebral Hemorrhage

arterial sclerosis
CONTRIBUTORY (SECONDARY)

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH? N.O. DATE OF.....

WAS THERE AN AUTOPSY? N.O.

WHAT TEST CONFIRMED DIAGNOSIS? Right Hemiplegia

(Signed) J. D. McAdam, M. D.

12-23, 1927 (Address) Prairie Hill 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

Old Prairie Hill Dec 22, 1927

20. UNDERTAKER ADDRESS

Andrew Minor Mo

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.

17 1928

