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.

MAY 2 1929

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

Do not use this space. 16992

1. PLACE OF DEATH
County Stoddard — Registration District No. 840 — File No.
Township Pulaski — Primary Registration District No. 6102 — Registered No. 32
City Ashwaville (No. ..... St. ..... Ward)

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

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~~ G. A. Johnson

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb 2 = 1861

7. AGE: Years 68 — Months 1 — Days 16 — If LESS than 1 day, ... hrs. or ..... min.

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

9. BIRTHPLACE (CITY OR TOWN) Ashwaville Mo
(STATE OR COUNTRY) Stoddard

PARENTS
10. NAME OF FATHER William Johnson
11. BIRTHPLACE OF FATHER (CITY OR TOWN) ...
(STATE OR COUNTRY) Tennessee
12. MAIDEN NAME OF MOTHER Tasewell
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) X
(STATE OR COUNTRY) Tennessee

14. INFORMANT John W. Johnson
(Address) Ashwaville Mo

15. Filed April 8, 1929 E L Hope REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 7, 1929

17. I HEREBY CERTIFY, That I attended deceased from Feb 20, 1929, to April 7, 1929, that I last saw him alive on April 1, 1929, and that death occurred, on the date stated above, at 1 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic Nephritis
121
(duration) 1 yrs. 6 mos. ds.
CONTRIBUTORY (SECONDARY) 129 A
(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
WHAT TEST CONFIRMED DIAGNOSIS? —
(Signed) E L Elmore, M. D
4/3, 1929 (Address) Puxico 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: Pleasant grove — DATE OF BURIAL: 4-8 1929

20. UNDERTAKER: Hickman White Store Co — ADDRESS: Puxico Mo