JUN 27 1930

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

Do not use this space.

16961

1. PLACE OF DEATH
County Pettis
Township
City Sedalia (No. , St. Ward)

Registration District No. 668
Primary Registration District No. 5032

File No.
Registered No. 117

2. FULL NAME John W. Johnson
(a) Residence. No. 524 N. Lamine St., 2 Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. 15 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Male	Negro	Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 8-1880

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
49	10	11	

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

9. BIRTHPLACE (CITY OR TOWN) Louisonia Mo.,
(STATE OR COUNTRY)

PARENTS

10. NAME OF FATHER John Johnson
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Saline Co
(STATE OR COUNTRY) Mo
12. MAIDEN NAME OF MOTHER Claissie Payne
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Warren Co.,
(STATE OR COUNTRY) Mo

14. INFORMANT Susie Lane-Johnson
(Address) 524 N. Lamine Ave.

15. FILED 5-21, 19 30 J. L. Love REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 19 1930

17. I HEREBY CERTIFY, That I attended deceased from Sept 20 1929, to May 18 1930 that I last saw him alive on May 18 1930, and that death occurred, on the date stated above, at 8 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic Myocarditis
930
(duration) yrs. 8 mos. ds.

CONTRIBUTORY (SECONDARY)
(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? Clinical
(Signed) H. L. Butler, M. D.
, 19 (Address) Sedalia 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
Glenwood	May 22 1930
20. UNDERTAKER	ADDRESS
Maxwell	Sedalia