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

Do not use this space.

23253

1. PLACE OF DEATH
County Jasper — Registration District No. 411 — File No.
Township Galena — Primary Registration District No. 2002 — Registered No.
City Joplin (No. ..... St. ..... Ward)

2. FULL NAME William E. Johnson
(a) Residence. No. ..... St. ..... Ward. ..... (If nonresident, give city or town and State)
(Usual place of abode) 2129 Willard
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: M
4. COLOR OR RACE: W.
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word): Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Minnie Johnson
6. DATE OF BIRTH (MONTH, DAY AND YEAR): Dec 12, 1849
7. AGE: YEARS 80 — MONTHS 8 — DAYS 19 — If LESS than 1 day, ... hrs. or ..... min.
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: retired
(b) General nature of industry, business, or establishment in which employed (or employer): Mining operator
(c) Name of employer
9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Mo
PARENTS
10. NAME OF FATHER: Sidney E. Johnson
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Ky.
12. MAIDEN NAME OF MOTHER: Nancy Rotan
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Ky.
14. INFORMANT: Sidney E. Johnson
(Address) Joplin Mo
15. FILED 7/2, 1930 A Benson Clark REGISTRAR

MEDICAL CERTIFICATE OF DEATH

2

16. DATE OF DEATH (MONTH, DAY AND YEAR): 7-1-30
17. I HEREBY CERTIFY, That I attended deceased from Apr 10, 1930 to 7-1, 1930 that I last saw him alive on 7-1, 1930, and that death occurred, on the date stated above, at 8-30 P. m.
THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic nephritis
131
92 A (duration) ..... yrs. ..... mos. ..... ds.
CONTRIBUTORY (SECONDARY): valvular heart disease
(duration) ..... yrs. ..... mos. ..... ds.
18. WHERE WAS DISEASE CONTRACTED 129 W
IF NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH ..... DATE OF
WAS THERE AN AUTOPSY?
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) A Benson Clark M. D.
7-2-, 1930 (Address) Joplin 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: Fairview Cem — DATE OF BURIAL: 7/3 1930
20. UNDERTAKER: Hurlburt Mud Co — ADDRESS: Joplin Mo

WRITE PLAINLY, WITH UNFADING [illegible] 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.

5 — 26 1930 — 16 — 2