

NOV 26 1930

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

Do not use this space.

33510

1. PLACE OF DEATH

County Madison Registration District No. 038
Township W. Mad. Primary Registration District No. 0028
City Fredericktown MO. (No.) St. Ward)

2. FULL NAME

Sylvan 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. 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 Lorena Johnson

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept 27 1901

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
29 0 15

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Farmer 175
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Pennington
(STATE OR COUNTRY) Mo.

10. NAME OF FATHER James Johnson

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Perry Co.
(STATE OR COUNTRY) Mo.

12. MAIDEN NAME OF MOTHER Annie Weis

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

14. INFORMANT James Johnson
(Address) Fredericktown Mo.

15. W. C. Udair REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct 12 1930

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

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Comp. Fracture of skull caused by fall with a rock while in a fight with Jack Bell da. CONTRIBUTORY (SECONDARY) fall with Clay Bell da. moonshine da.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH? DATE OF
WAS THERE AN AUTOPSY? yes
WHAT TEST CONFIRMED DIAGNOSIS? you
(Signed) C. H. Dau to Coroner M. D.
, 19 (Address) Mudston 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 White Water Mo DATE OF BURIAL Oct 14 1930

20. UNDERTAKER Ed. H. Webb, Fredericktown Mo ADDRESS

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.

