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.

APR 23 1931

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

Do not use this space.

10356

1. PLACE OF DEATH
County Jasper — Registration District No. 408 — File No.
Township Madison — Primary Registration District No. 3564 — Registered No.
City — (No. 6Mi. East of Carthage on 66H. St. Ward)

2. FULL NAME Hugh Lee Johnson
(a) Residence. No. Reeds #I. St., Ward.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred 24 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): Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct. 13 1906

7. AGE: Years 24 — Months 5 — Days I — If LESS than 1 day, hrs. or min.

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

9. BIRTHPLACE (CITY OR TOWN) Jasper Co.
(STATE OR COUNTRY) Mo.

PARENTS
10. NAME OF FATHER Henry Lee Johnson
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Mo.
(STATE OR COUNTRY) Martha Mo.
12. MAIDEN NAME OF MOTHER Martha Shands
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) Iowa

14. INFORMANT Henery L Johnson
(Address) Reeds #I Mo.

15. FILED 3/17, 1931 [signature] REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Mar 14 1931

17. I HEREBY CERTIFY, That I attended deceased from ....., 19...., to ....., 19...., that I last saw h..... alive on ....., 19...., and that death occurred, on the date stated above, at 8:00 P.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Fracture of spine & shock as result of automobile collision 6 mi. E. of Carthage, while attempting to pass truck
(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 210 M
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? DATE OF
WAS THERE AN AUTOPSY?
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) [signature], M. D
3/16, 1931 (Address) Carmen Jasper Co. 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: Fasken Cemetery — DATE OF BURIAL: 3/17/1931

20. UNDERTAKER: Ulmer-Drake — ADDRESS: Carthage