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

Do not use this space.

14676

1. PLACE OF DEATH

County: Johnson — Registration District No. 416

Township: Chilhowee — Primary Registration District No. 4252

City: Chilhowee (No. ..... St. ..... Ward)

File No. .....

Registered No. 13

2. FULL NAME Nelson 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 12 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

MAY 20 1931

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED — HUSBAND OF (OR) WIFE OF: Melvina Johnson

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Feby 10th 1848

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	83	1	29	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: Retired Farmer 132

(b) General nature of industry, business, or establishment in which employed (or employer): 112

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) .....
(STATE OR COUNTRY) Virgina 2

PARENTS

10. NAME OF FATHER: do not know

11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY) not known 51

12. MAIDEN NAME OF MOTHER: not known

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY) not known

14. INFORMANT: Lillian Dunaway
(Address) Chilhowee Mo

15. FILED 4/12, 1931 — J. H. Beaty, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Apr 9th 1931

17. I HEREBY CERTIFY, That I attended deceased from Sept 1, 1930, to Apr 9, 1931, that I last saw him alive on Apr 9, 1931, and that death occurred, on the date stated above, at 4:30 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Brights Disease

..... (duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (SECONDARY) Asthma

..... (duration) 20 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) J. H. Beaty, M. D.

Apr 10, 1931 (Address) Chilhowee 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: Clinton Mo — DATE OF BURIAL: Apr 10 1931

20. UNDERTAKER: Sweeney-Cock — ADDRESS: Chilhowee Mo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.