

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.

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

Do not use this space.

16965

1. PLACE OF DEATHCounty NorthRegistration District No. 905Township AllenPrimary Registration District No. 6216City Denver (No. 47)File No. 16965

Registered No. _____

St. _____ Ward _____

2. FULL NAME(a) Residence. No. Wm Robert Johnson

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**Emilda Johnson**6. DATE OF BIRTH (MONTH, DAY AND YEAR)**7-16-1844**7. AGE**

YEARS

MONTHS

DAYS

If LESS than 1

day, _____ hrs.

or _____ min.

81819**8. OCCUPATION OF DECEASED**(a) Trade, profession, or
particular kind of work(b) General nature of industry,
business, or establishment in
which employed (or employer)

(c) Name of employer

Laborer**9. BIRTHPLACE (CITY OR TOWN)**

(STATE OR COUNTRY)

North Co., Mo.**10. NAME OF FATHER**Jack Johnson**11. BIRTHPLACE OF FATHER (CITY OR TOWN)**

(STATE OR COUNTRY)

Not known**12. MAIDEN NAME OF MOTHER**Arena Smith**13. BIRTHPLACE OF MOTHER (CITY OR TOWN)**

(STATE OR COUNTRY)

Not known**14.**

INFORMANT

(Address)

Ralph NortonDenver Mo.**15.**April 10, 1931Mrs. Mary Long

REGISTRAR

MEDICAL CERTIFICATE OF DEATH**16. DATE OF DEATH (MONTH, DAY AND YEAR)**April 5, 1931

I HEREBY CERTIFY, That I attended deceased from

2:30, 1931, to April 5, 1931that I last saw him alive on April 2, 1931, and thatdeath occurred, on the date stated above, at 2:30 A.M.**THE CAUSE OF DEATH* WAS AS FOLLOWS:**apoplexychronic Brights Disease.131131131131131131131131131131131131131131131131131131131131131131131131131131131131131131131131131131131131131131

*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**Kent Cemetery4-6 1931**20. UNDERTAKER****ADDRESS**Bram Prot.Denver

