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

Do not use this space.

28121

File No.
Registered No.

1. PLACE OF DEATH
County: Howard
Township: Charlton
City: Glasgow (No. , St. Ward)
Registration District No. 379
Primary Registration District No. 49223

2. FULL NAME: Sidney 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.

OCT 23 1931

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): 8-16-1861

7. AGE: Years 70 | Months 0 | Days 6 | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Howard County Missouri

FATHER
13. NAME: Major Johnson
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Not Known

MOTHER
15. MAIDEN NAME: Not Known
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Not Known

17. INFORMANT: Tom Davis
(ADDRESS): Glasgow, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Glasgow, Mo DATE: Aug 24 1931

19. UNDERTAKER: Tony Hellem
(ADDRESS): Glasgow, Mo

20. FILED: 9/26 1931 G. H. Temple
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 8-22, 1931

22. I HEREBY CERTIFY, That I attended deceased from July 11, 1931, to August 22, 1931
I last saw him alive on Aug 21, 1931. Death is said to have occurred on the date stated above, at 7 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic myocarditis	Don't know
93C	

Other contributory causes of importance:

Name of operation: Date of
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury, 19
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) Carl C. Heger, M. D.
(Address) Glasgow, Mo

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD