

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

Do not use this space.

1. PLACE OF DEATH

County Jasper Registration District No. 411
 Township Galena Primary Registration District No. 2002 File No. 38024
 City Joplin No. _____ Registered No. 31
 St. _____ Ward _____

2. FULL NAME

(a) Residence, No. _____, _____ St., _____ Ward.
 (Usual place of abode) 2652 E. 3rd
 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 <u>M.</u>	4. COLOR OR RACE <u>W.</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>		
5A. IF MARRIED, WIDOWED OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Sara Johnson</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Oct 20 - 1888</u>				
7. AGE	YEARS <u>51</u>	MONTHS <u>1</u>	DAYS <u>4</u>	If LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Laborer</u>			
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>—</u>			
	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) <u>Ind.</u>				
FATHER	13. NAME <u>Shelby Johnson</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>no record</u>			
MOTHER	15. MAIDEN NAME <u>Mary Sprunger</u>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>no record</u>			
17. INFORMANT (ADDRESS) <u>Mrs Sara B. Johnson</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Forest Park</u> DATE <u>11-25-31</u>				
19. UNDERTAKER (ADDRESS) <u>Shelby Johnson</u>				
20. FILED <u>11/26</u> 19 <u>31</u> <u>S. A. Benson</u> Registrar.				

MEDICAL CERTIFICATE OF DEATH

1. DATE OF DEATH (MONTH, DAY, AND YEAR) 11-24-31

2. I HEREBY CERTIFY That I attended deceased from June 1 - 31 to July 31. I last saw him alive on 11-24-31, 1931. Death is said to have occurred on the date stated above, at 11-AM.
 The principal cause of death and related causes of importance were as follows:
Valvular heart disease
92A disease
 Other contributory causes of importance:
92A

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? _____

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? _____
 If so, specify _____
 (Signed) Ray E. Meyers, M. D.
J. E. Johnson (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.

DEC 22 1931

