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 28 1932

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

Do not use this space.

5529

1. PLACE OF DEATH

72 County New Madrid — Registration District No. 605 — File No.

Township Como — Primary Registration District No. 5804 — Registered No.

City ..... (No. ..... St. ..... Ward)

2. FULL NAME Theo Johnson

(a) Residence. No. ..... St., ... Ward. ..... (If nonresident, give city or town and State)
(Usual place of abode)

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: Colored

5. ~~SINGLE~~, MARRIED, ~~WIDOWED OR DIVORCED~~ (*write* the word)

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 1908

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
24	?	?	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work mechanic

(b) General nature of industry, business, or establishment in which employed (or employer) 63

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ark 20

PARENTS

10. NAME OF FATHER George Johnson

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Miss

12. MAIDEN NAME OF MOTHER Fannie Hare

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Ark

14. INFORMANT Harvey Brown
(Address) Parma, Mo. Rt. 2

15. FILED 3/12, 1932 Mrs C. S. Blackman REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb 7 1932

17. I HEREBY CERTIFY, That I attended deceased from Sept 22, 1932, to ....., 19..., that I last saw h..... alive on Sept. 22, 1932, and that death occurred, on the date stated above, at ..... m.

THE CAUSE OF DEATH*, WAS AS FOLLOWS:

Myocarditis 930

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

CONTRIBUTORY (SECONDARY) 930

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

18. WHERE WAS DISEASE CONTRACTED (1)

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) G. W. Husted, M. D.

, 19 (Address) Parma, 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: Broadwater — DATE OF BURIAL: Feb 8 1932

20. UNDERTAKER: none — ADDRESS

1953 1954