

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

Do not use this space.

5645

**1. PLACE OF DEATH**

98 County Dennis Registration District No. 6555  
Township Virginia Primary Registration District No. 7282  
City St. Charles (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

(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 8 yrs. 8 mos. 23 ds. How long in U. S., if of foreign birth? \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <u>Male</u>	4. COLOR OR RACE <u>Black</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>married</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>6-15-1893</u>				
7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
	<u>38</u>	<u>7</u>	<u>23</u>	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>			
	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) <u>Jan 8, 1932</u>		11. Total time (years) spent in this occupation _____	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Cleveland Miss</u>				
FATHER	13. NAME <u>Ed Johnson</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Yazoo City Miss</u>			
MOTHER	15. MAIDEN NAME <u>Dela Walker</u>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Yazoo City Miss</u>			
17. INFORMANT (ADDRESS) <u>James White, St. Charles Mo</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Holly Grove</u> DATE _____ 19____				
19. UNDERTAKER (ADDRESS) <u>Thompson &amp; Co, St. Charles Mo</u>				
20. FILED <u>2/10/32</u> <u>Max J. Kelly</u> Registrar.				

**2 MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 8, 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan 10, 1932 to Feb 6, 1932  
I last saw him alive on Jan 14, 1932. Death is said to have occurred on the date stated above, at 7:30 a.m.  
The principal cause of death and related causes of importance were as follows:  
Pericarditis Date of onset 1-10-32  
8203 7210

Other contributory causes of importance: Calculus

Name of operation none Date of \_\_\_\_\_  
What test confirmed diagnosis? no 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) B. E. Roberts, M. D.  
(Address) Bluffhead Ark

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.

FEB 13 1932

