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 25 1932

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

Do not use this space.

7399

1. PLACE OF DEATH

11 County Buchanan — Registration District No. 80 — File No.

Township Center — Primary Registration District No. 5-119 — Registered No.

City (No. 5 Miles So. of City, St. Joseph near Sparta Road, St. Ward)

2. FULL NAME George Washington Johnson,

(a) Residence, No. 5 M. So. of St. Joseph near Sparta Road St., Ward. (Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 28 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widowed,

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): March 13, 1865

7. AGE: YEARS 77 — MONTHS 0 — DAYS 16 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Farmer,

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Farming,

10. Date deceased last worked at this occupation (month and year): 1932

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Buchanan County, Missouri, 1

FATHER

13. NAME: Pasley Johnson,

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown, North Carolina, 2

MOTHER

15. MAIDEN NAME: Nannie Pumphrey,

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown, Kentucky,

17. INFORMANT (ADDRESS): Mrs. Gertrude S. Fishsmith R.F.D. # 5, St. Joseph, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Dearborn, Mo. DATE April 2nd 32

19. UNDERTAKER (ADDRESS): Healon, BeGole & Bauman St. Joseph, Mo. Funeral Home

20. FILED Mar. 30, 1932 Mrs. Lucy Powell Registrar.

MEDICAL CERTIFICATE OF DEATH

1

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 29, 1932

22. I HEREBY CERTIFY, That I ~~attended deceased from~~ VIEWED, 19....., to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 2:00 pm.

The principal cause of death and related causes of importance were as follows:

Suicide By Hanging on R.F.D. No 5 St Joseph Mo 165

Date of onset

Other contributory causes of importance: 165 None (5)

Name of operation: No Date of

What test confirmed diagnosis? History Was there an autopsy? No

23. If death was due to external causes, (violence), fill in also the following:

Accident, suicide, or homicide: Suicide Date of injury 3/29, 1932

Where did injury occur? Buchanan Co. Mo (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. Home

Manner of injury: Hanging

Nature of injury: Strangulation

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) B. W. Tadlock-Coroner, M.D.

(Address) 821 Frances