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

566
576

Do not use this space.

13281

File No. .....

Registered No. 27

1. PLACE OF DEATH

67 County Mississippi

Township Sprigg

City Charleston (No. ....., ... St. ..... Ward)

Registration District No. [redacted]

Primary Registration District No. [redacted]

2. FULL NAME George Johnson

(a) Residence. No. ..... St., ... Ward.
(Usual place of abode) RFD #1 (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

MAY 26 1932

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
M	Colored	Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Near 1892

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
Near 40			

8. OCCUPATION OF DEACESED
(a) Trade, profession, or particular kind of work Farm laborer
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer .....

9. BIRTHPLACE (CITY OR TOWN) Unknown
(STATE OR COUNTRY) Mo

PARENTS

10. NAME OF FATHER Unknown

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

12. MAIDEN NAME OF MOTHER Unknown

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

14. INFORMANT Freeman Thomas
(Address) RFD #1 - Charleston Mo.

15. Filed April 27, 1932 F D Vernon
REGISTRAR

MEDICAL CERTIFICATE OF DEATH 6:30 A.M.

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 22 1932

17. Did not have a physician
I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....
that I last saw h..... alive on ....., 19....., and that death occurred, on the date stated above, at .....m.

THE CAUSE OF DEATH WAS AS FOLLOWS:
He fell dead while plowing
Cause of death presumed to be
Mitral Insufficiency
Decompensated Heart (duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (SECONDARY) Sclerosis (duration) ....yrs. ....mos. ....ds.

18. WHERE WAS DISEASE CONTRACTED .....
IF NOT AT PLACE OF DEATH .....
DID AN OPERATION PRECEDE DEATH? no DATE OF .....
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Family History
(Signed) Frank S Vernon, M. D.
, 19 (Address) Charleston Mo Coroner

*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	DATE OF BURIAL
Oak Grove Cemetery	April 22 1932
20. UNDERTAKER Lair Und. Co. F Wright	ADDRESS Charleston 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 LEGIBLY, WITH INDELIBLE INK—THIS IS A PERMANENT RECORD