

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.

MAY 28 1932

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

Do not use this space.

16591

1. PLACE OF DEATH

52 County Myrtle Registration District No. 1056
Township Colony Primary Registration District No. 5597
City (No.) Ward

File No. _____
Registered No. 2 St. _____ Ward _____

2. FULL NAME

Joseph Alexander Johnson
(a) Residence No. Rutledge Mo. St. Ward _____
(Usual place of abode) (If nonresident, give city or town and State)
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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 5 - 1849

7. AGE YEARS 83 MONTHS 4 DAYS 14 If LESS than 1 day, _____ hrs. or _____ min.

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.

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) Virginia

13. NAME Joseph Johnson

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia

15. MAIDEN NAME Eleanor Wood

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____

17. INFORMANT Mrs Virginia Johnson (ADDRESS) Rutledge Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Harmony Bur DATE May 20 1932

19. UNDERTAKER Walt & Bascomb (ADDRESS) Harmony Mo

20. FILED May 21 1932 J.R. Northcutt Registrar Orville Windsor

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 19 1932

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____

I last saw h _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at 4 P m.

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

W medical attendant fell dead on his porch I think he had Hemorrhage in the Brain, from the history of the case. I was called to see him but he was dead before I saw him.

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) J.R. Northcutt M. D.
(Address) Harmony Mo

