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.

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

Do not use this space.

18465

File No. .....

Registered No. 13

Registration District No. ~~864~~ 1077

Primary Registration District No. 6140

1. PLACE OF DEATH

County: Texas Co

Township: Carroll

City: ~~Licoville~~ (No. ..... St. ..... Ward)

2. FULL NAME: Joseph Gurnsey Johnson

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Boy

4. COLOR OR RACE: White

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

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

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

7. AGE: Years 13 | Months 5 | Days 28 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farming 2

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) 6-1932

11. Total time (years) spent in this occupation all life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Summerville Missouri

FATHER

13. NAME: John Christopher Johnson

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Texas Co Missouri

MOTHER

15. MAIDEN NAME: Almira Hissam

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Texas Co Missouri

17. INFORMANT (ADDRESS): John Johnson

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Bethel Cemetery DATE: May 24, 1932

19. UNDERTAKER (ADDRESS): Jess Riley, Summerville Mo.

20. FILED 6-3, 1932 L H Wallerman
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 23, 1932

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

I last saw him alive on ..... Death is said to have occurred on the date stated above, at ..... The principal cause of death and related causes of importance were as follows:

Suicide - Self Shooting with Shot Gun shot
Death was Sudden
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Date of onset

Other contributory causes of importance:

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) L H Wallerman, M. D.
(Address) Summerville, Mo.