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.

AUG 27 1932

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

Do not use this space.

23906

File No.

Registered No.

1. PLACE OF DEATH

95 County Ste. Genevieve — Registration District No. 781

Township Beaucair — Primary Registration District No. 6027

City ✓ (No. , St. Ward)

2. FULL NAME James 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 male

4. COLOR OR RACE ~~white~~ colored

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1838

7. AGE YEARS 94 MONTHS DAYS If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retyrt Carbonter 131

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 93C

10. Date deceased last worked at this occupation (month and year) 14 years

11. Total time (years) spent in this occupation 50 years 135B

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cabe Geraldeau Missouri

FATHER

13. NAME not known

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) not known 31

MOTHER

15. MAIDEN NAME not known

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) not known

17. INFORMANT (ADDRESS) J. M. Johnson 1806 Market Ave E St Louis Ill

18. BURIAL, CREMATION, OR REMOVAL

PLACE St Marys DATE July 16 1932

19. UNDERTAKER (ADDRESS) John Basler Ste Genevieve Mo

20. FILED 7/15 1932 Gabriel Thomme Registrar.

MEDICAL CERTIFICATE OF DEATH

4

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 13 1932

22. I HEREBY CERTIFY, That I attended deceased from Sept. 15 1931, to July 13 1932

I last saw him alive on July 13 1932 Death is said to have occurred on the date stated above, at 11 P m.

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

	Date of onset
Hypostatic Pneumonia	2 days accident
Other contributory causes of importance: Chronic Myocarditis, Chronic Nephritis & Cystitis	2 years

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? No

If so, specify

(Signed) Oscar A Carron, M. D.

(Address) St Marys Mo.