

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

Do not use this space.

32097

**1. PLACE OF DEATH**

45 County Howard Registration District No. 878  
 Township Richmond Primary Registration District No. 15225  
 City Fayette (No. ....) St. .... Ward)

**2. FULL NAME** Jake Johnson

(a) Residence, No. .... St. .... Ward. (If nonresident, give city or town and State)  
 (Usual place of abode)  
 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 Negro 5. SINGLE, MARRIED, OR DIVORCED (write the word) Married  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Unknown

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

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, .... hrs. or .... min.  
about 55

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

13. NAME Unknown

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

15. MAIDEN NAME Unknown

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

17. INFORMANT Jack Fisher (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL  
 PLACE County Farm DATE 10-24, 1932

19. UNDERTAKER Jack Fisher (ADDRESS)

20. FILED Nov. 9, 1932 V. C. Bonham Registrar.

**2 MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10-28, 1932

22. I HEREBY CERTIFY, That I attended deceased from Oct 1, 1932, to Oct 23, 1932  
 I last saw him alive on Oct 21, 1932. Death is said to have occurred on the date stated above, at 5 a.m.  
 The principal cause of death and related causes of importance were as follows:

Heart  
Aneurysm  
34  
93  
 Other contributory causes of importance: Syphilis  
 Name of operation none Date of .....  
 What test confirmed diagnosis? none 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 (D)

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify no  
 (Signed) W. A. Bloom, M. D.  
 (Address) Fayette, 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. NOV 23 1932

