

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

Do not use this space.

5864

1. PLACE OF DEATH

County Drew Registration District No. 391
 Township Arcadia Primary Registration District No. 5546a
 City Baptist Home (No. _____) St. _____ Ward _____

2. FULL NAME Wm. L. Johnson

(a) Residence, No. Baptist Home St. _____ Ward _____
 (Usual place of abode)
 Length of residence in city or town where death occurred 8 yrs. 4 mos. 25 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) single
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 10, 1857
 7. AGE YEARS 75 MONTHS 9 DAYS 25 If LESS than 1 day, _____ hrs. or _____ min.
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Book Layer
 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) Kentucky
 13. NAME James Johnson
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky
 15. MAIDEN NAME Harriett Johnson
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky
 17. INFORMANT L. Leppington (ADDRESS) Creighton, Mo.
 18. BURIAL, CREMATION, OR REMOVAL PLACE Baptist Home Cemetery DATE Feb. 6, 1933
 19. UNDERTAKER S. E. Bond (ADDRESS) Creighton, Mo.
 20. FILED Feb 5 1933 RC Ranch Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 5, 1933
 22. I HEREBY CERTIFY, That I attended deceased from March 2, 1932 to July 5, 1933
 I last saw him alive on July 5, 1933 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:
Apoplexy
gta
gta
 Date of onset _____
 Other contributory causes of importance:
Paralysis of right side of body
 Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? No
 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) C. H. Barnhouse, M. D.
 (Address) Creighton, 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.

WHITE PLAIN, WITH UNFADING INK—THIS IS A PERMANENT RECORD

