

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.

APR 24 1933
69

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

Do not use this space.

10366

1. PLACE OF DEATH
 County Miss. Registration District No. 566
 Township Tyngsboro Primary Registration District No. 5762
 City Charleston Mo (No. _____) St. _____ Ward _____

2. FULL NAME Steven A. Johnson
 (a) Residence, No. Charleston - 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) _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 12 - 1858

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, _____ hrs. or _____ min.
<u>74</u>	<u>7</u>	<u>17</u>	

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. Retired Farmer

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) Trouton Illinois

MOTHER FATHER

13. NAME H. Johnson

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

15. MAIDEN NAME Cynthia A. Foster

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

17. INFORMANT Mrs. Thurman (ADDRESS) St. Louis - Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Odd Fellows DATE 3/31 1933

19. UNDERTAKER Charleston Mill. Co (ADDRESS) Charleston - Mo.

20. FILED 3-29-1933 J. J. Brown Registrar.

MEDICAL CERTIFICATE OF DEATH 6:45 P

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar. 29 1933

22. I HEREBY CERTIFY, That I attended deceased from March 16, 1933, to March 29, 1933
 I last saw him alive on March 29, 1933 Death is said to have occurred on the date stated above, at 6:45 P
 The principal cause of death and related causes of importance were as follows:
Carbuncle and General Disability due to old age.
 Date of onset _____

Other contributory causes of importance:
151A
151

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) A. Marshall, M. D.
 (Address) Charleston Mo

