

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

Do not use this space.

30003

OCT 20 1933

1. PLACE OF DEATH

County Jasper Registration District No. 411
 Township Polena Primary Registration District No. 2002
 City Joplin (No. St. John's Hospital) St. _____ Ward _____

File No. _____
 Registered No. _____

2. FULL NAME

(a) Residence, No. James Henry Johnson St. _____ Ward _____
 (Usual place of abode) Stotts City, Mo. (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 0 yrs. 0 mos. 6 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) July 9, 1933

7. AGE YEARS MONTHS Days If LESS than 1 day, hrs. or min.
0 2 13

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

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) Lawrence County, Mo.

13. NAME James A. Johnson

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lickwood, Mo.

15. MAIDEN NAME Pauline Cornell

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lawrence County, Mo.

17. INFORMANT (ADDRESS) James A. Johnson
Stotts City, Missouri

18. BURIAL, CREMATION OR REMOVAL Red Oak Cemetery DATE Sept 25, 1933

19. UNDERTAKER (ADDRESS) Lambert Mortuary
Joplin, Missouri

20. FILED 9-28 1933 Ed D. Jones Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 23, 1933

22. I HEREBY CERTIFY, That I attended deceased from 9-29, 1933, to 9-23, 1933.

I last saw him alive on 9-23, 1933 Death is said

to have occurred on the date stated above, at 9:45 p.m.

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

Strep. Colitis

Date of onset

9-10-33

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) Ed D. Jones, M. D.

(Address) Joplin, Mo.

