

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.

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

Do not use this space.

32587

1. PLACE OF DEATH

County Cooper Registration District No. 217
Township _____ Primary Registration District No. 4131
City Blackwater (No. _____) St. _____ Ward _____

2. FULL NAME

Harry 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 <u>Male</u>	4. COLOR OR RACE <u>Negro</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Elizabeth Johnson</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>May 10th 1857</u>				
7. AGE YEARS <u>76</u>	MONTHS <u>4</u>	DAYS <u>26</u>	If LESS than 1 day, hrs. or min.	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Day Laborer</u>			
	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) <u>Sept. 1929</u>		11. Total time (years) spent in this occupation <u>life</u>	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Johnson Co. Mo.</u>				
MOTHER	13. NAME <u>Unknown</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>			
	15. MAIDEN NAME <u>Elmira Cooper</u>			
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Johnson Co. Mo.</u>				
17. INFORMANT <u>Elizabeth Johnson</u> (ADDRESS) <u>Blackwater Mo.</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Delany Cem</u> DATE <u>Oct. 8th 1933</u>				
19. UNDERTAKER <u>John W. Warrick</u> (ADDRESS) <u>Blackwater Mo.</u>				
20. FILED <u>Oct 8 1933</u> <u>W. J. Sawyer</u> Registrar				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 6 1933

22. I HEREBY CERTIFY, That I attended deceased from Aug. 1933 to Oct 4 1933
I last saw him alive on Oct 4 1933 Death is said to have occurred on the date stated above, at 11:40 a.m.
The principal cause of death and related causes of importance were as follows:
Chronic Myocarditis Date of onset 930
97
930
Other contributory causes of importance:
Atherosclerosis

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) W. J. Sawyer M. D.
(Address) Blackwater Mo.

