

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.

JAN 26 1934

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

Do not use this space.

42076

1. PLACE OF DEATH

County.....
Township.....
City..... (No. *2753 Papau*)

Registration District No. **791**
Primary Registration District No. **1003**

File No.....
Registered No. **11130**
St..... Ward.....

2. FULL NAME *Amos Johnson Jr*

(a) Residence, No. *2753 Papau* St. *22* 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 <i>Male</i>	4. COLOR OR RACE <i>Col</i>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <i>Married</i>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <i>Mary Johnson</i>		6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>Don't know</i>		
7. AGE YEARS <i>abt 48</i>	MONTHS <i>—</i>	DAYS <i>—</i>	If LESS than 1 day, hrs. or min.	
OCCUPATION	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..... <i>Labor</i>			
	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) <i>Pickens Miss</i>				
FATHER	13. NAME <i>Amos Johnson Sr</i>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Pickens</i>			
MOTHER	15. MAIDEN NAME <i>Mrs Linger</i>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Miss</i>			
17. INFORMANT (ADDRESS) <i>Mary Johnson 2753 Papau</i>				
18. BURIAL, CREMATION, OR REMOVAL PLACE DATE <i>Jefferson Burial 12-30 1933</i>				
19. UNDERTAKER (ADDRESS) <i>Watson and Sons 2759 9th Street</i>				
20. FILED DEC 27 1933 <i>J. Brebeck</i> Registrar.				

MEDICAL CERTIFICATE OF DEATH

No physician attendance

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *12/24*, 19*33*

22. I HEREBY CERTIFY, That I attended deceased from 19....., to 19.....
I last saw h..... alive on 19..... Death is said to have occurred on the date stated above, at *7:48 a.m.*
The principal cause of death and related causes of importance were as follows:
Chronic Myocarditis (Date of onset *930*)

Other contributory causes of importance:
930

Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy? *ye*

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? *930* (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 *930*
(Signed) *Margie P. Shuff*
(Address) *Jefferson*

22 237

