

MAR 24 1935

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

Do not use this space.

7469

1. PLACE OF DEATH

County Stoddard
Township Stk
City (No. _____) _____

Registration District No. 836
Primary Registration District No. 6100

File No. 17
Registered No. 17
St. _____ Ward _____

2. FULL NAME

(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>Colored</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>Laura Johnson</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Aug 14-1888</u>		
7. AGE	YEARS	MONTHS
	<u>45</u>	<u>5</u>
		DAYS
		<u>29</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>Farmer</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Farming</u>	
	10. Date deceased last worked at this occupation (month and year) <u>Recent</u>	
	11. Total time (years) spent in this occupation. <u>life</u>	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Lexington, Miss</u>		
FATHER	13. NAME <u>Kemp Johnson</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Miss</u>	
MOTHER	15. MAIDEN NAME <u>Don't know</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)	
17. INFORMANT <u>Willie Johnson</u> (ADDRESS)		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Shady Grove</u> DATE <u>2/13/1935</u>		
19. UNDERTAKER <u>W. L. Lantry</u> (ADDRESS) <u>Malden, Mo.</u>		
20. FILED <u>3/8</u> , 19 <u>35</u> <u>Florence Allen</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 12-1935

22. I HEREBY CERTIFY, That I attended deceased from Feb 8th, 1934, to Feb 12-, 1934
I last saw him alive on Feb 12-, 1934. Death is said to have occurred on the date stated above, at 3 P. m.
The principal cause of death and related causes of importance were as follows:
Lobar Pneumonia
Date of onset 2/7/34

Other contributory causes of importance:
108

Name of operation _____ Date of _____
What test confirmed diagnosis? Clinical 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? no
If so, specify _____
(Signed) S. S. Mitchell, M. D.
(Address) Malden Mo

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.

