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.

MAY 25 1934

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

Do not use this space.

1. PLACE OF DEATH
County Butler — Registration District No. 89 — File No. 12068
Township ~~Poplar Bluff~~ — Primary Registration District No. 3007 — Registered No. 95
City Poplar Bluff, Mo. (No. ..... St. ..... Ward)

2. FULL NAME Tony Johnson
(a) Residence, No. Poplar Bluff, Mo. St., ... Ward. (If nonresident, give city or town and State)
(Usual place of abode)
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 negro
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF ~~(OR) WIFE OF~~ Dora Johnson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 15, 1862

7. AGE — YEARS 72 — MONTHS 3 — DAYS 15 — 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. 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) Unknown (STATE OR COUNTRY) Georgia

FATHER
13. NAME Wm. Johnson
14. BIRTHPLACE (CITY OR TOWN) unknown (STATE OR COUNTRY) Georgia

MOTHER
15. MAIDEN NAME Mary Patterson
16. BIRTHPLACE (CITY OR TOWN) unknown (STATE OR COUNTRY) Georgia

17. INFORMANT Mrs. Dora Johnson, Wife. (ADDRESS) Poplar Bluff, Mo.

18. BURIAL, ~~CREMATION, OR REMOVAL~~ Burial PLACE County Farm DATE 5/1/34, 19

19. UNDERTAKER Greer Undertaking Co. (ADDRESS) Poplar Bluff, Mo.

20. FILED 5-2-1934 W. S. Bailey Registrar.

(2) MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 30, 1934

22. I HEREBY CERTIFY, That I attended deceased from April 20, 1934, to April 28, 1934
I last saw him alive on April 28, 1934. Death is said to have occurred on the date stated above, at 8:30 AM
The principal cause of death and related causes of importance were as follows:

	Date of onset
Labor Pneumonia	4-20-34
11A	
100	

11A

Other contributory causes of importance:
Influenza

Name of operation none Date of X
What test confirmed diagnosis? X Was there an autopsy? X

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? X Date of injury X, 19
Where did injury occur? X (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. X
Manner of injury X
Nature of injury X

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify X
(Signed) J. W. McIntire, M. D.
(Address) Poplar Bluff, Mo.