

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 Henry
Township Lawrence
City Lawrence (No.)

Registration District No. 357
Primary Registration District No. 3492

File No. 12659
Registered No. 16
St. Ward

2. FULL NAME Noah Johnson

(a) Residence, No. St. Ward
(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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>M.</u>	4. COLOR OR RACE <u>W.</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>Martha Griffiths</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Apr 20 - 1856</u>		
7. AGE YEARS <u>78</u>	MONTHS <u>—</u>	DAYS <u>2</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmers</u>		11. Total time (years) spent in this occupation <u> </u>
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u> </u>		
10. Date deceased last worked at this occupation (month and year) <u> </u>		

MOTHER FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ind</u>
	13. NAME <u>Baker Johnson</u>
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ind</u>
	15. MAIDEN NAME <u>Susanna Fletcher</u>
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ind</u>
	17. INFORMANT (ADDRESS) <u>Frank Johnson</u> <u>Deerpwater mo</u>
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Hermany em</u> DATE <u>4-23-34</u>	
19. UNDERTAKER (ADDRESS) <u>James Lee</u> <u>Lawrence City mo</u>	
20. FILED <u>5-3-34</u> 19 <u>34</u> <u>9 J. Russell</u> Registrar.	

MEDICAL CERTIFICATE OF DEATH

2. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-22 1934
22. I HEREBY CERTIFY, That I attended deceased from 4-16 1934 to 4-22 1934
I last saw him alive on 4-22 1934 Death is said to have occurred on the date stated above, at 9:30 a.m.
The principal cause of death and related causes of importance were as follows:

Infarction of heart
Brain the Premonitory

Other contributory causes of importance:
102/160 107/110

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) J. Russell M. D.
(Address) Deerpwater mo

