

Oct 10 1934

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

Do not use this space.

1. PLACE OF DEATH

County *Pettis*
Township *Clifton*
City (No. _____) _____

Registration District No. *664*
Primary Registration District No. *5883*

File No. *33672*
Registered No. *21*
St. _____ Ward _____

2. FULL NAME

J. R. Johnson Col
(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <i>Male</i>	4. COLOR OR RACE <i>Negro</i>	5. SINGLE, MARRIED, WIDOWED-OR DIVORCED (write the word) <i>Married</i>
5A. IF MARRIED, WIDOWED-OR-DIVORCED HUSBAND OF (OR) WIFE-OR _____ <i>Eloina Johnson</i>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>July 24th 1858</i>		
7. AGE YEARS <i>81</i>	MONTHS <i>1</i>	DAYS <i>26</i>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <i>Farmer</i>		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <i>Wm. Brown</i>		
10. Date deceased last worked at this occupation (month and year) _____		11. Total time (years) spent in this occupation _____

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Sept 20th 1934*

22. I HEREBY CERTIFY, That I attended deceased from *Mar 15* 1934, to *Sept 20* 1934
I last saw him alive on *Sept 15* 1934. Death is said to have occurred on the date stated above, at *10:40 a.m.*
The principal cause of death and related causes of importance were as follows:
Chronic interstitial nephritis etc.
131
101

Other contributory causes of importance: _____

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ 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) *H. A. Hite* M. D.
(Address) *Green Ridge, Mo.*

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Kentucky*

13. NAME *Edmond Johnson*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Kentucky*

15. MAIDEN NAME *unknown*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Missouri*

17. INFORMANT (ADDRESS) *Eloina Johnson, Green Ridge, Mo*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Rayburn* DATE *Sept 22nd 1934*

19. UNDERTAKER (ADDRESS) *C. W. Shelley, Green Ridge, Mo*

20. FILED *Sept 21st 1934* *C. W. Shelley* Registrar.

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.

