OCT 22 1934

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

Do not use this space.

36884

1. PLACE OF DEATH

County Pemiscot — Registration District No. 653 — File No. 81

Township Hayti — Primary Registration District No. 5864 — Registered No. 81

City ..... (No. ....., ... St. ..... Ward)

2. FULL NAME Roy Johnson

(a) Residence, No. ..... Hayti Mo 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: M

4. COLOR OR RACE: C

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Hory Johnson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Oct. 13 1900

7. AGE: YEARS 34 — MONTHS 0 — DAYS 0 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Com Lab.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Same

10. Date deceased last worked at this occupation (month and year): Oct. 1934

11. Total time (years) spent in this occupation: —

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ark.

FATHER

13. NAME: Manuel Johnson

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ga.

MOTHER

15. MAIDEN NAME: unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): unknown

17. INFORMANT (ADDRESS): Dan Johnson, Hayti Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE: Morgan Cemetery DATE: 10-15 1934

19. UNDERTAKER (ADDRESS): T. J. Smith, Hayti Mo

20. FILED: 10/15 1934 J W Rhodes, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 10/13 1934

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 6 P. m.

The principal cause of death and related causes of importance were as follows:

Auto accident

Fractured Skull

Date of onset: 21

Other contributory causes of importance:

Car turned over on Highway #84

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? accident Date of injury ....., 19.....

Where did injury occur? Public Highway (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. Public Highway

Manner of injury: Skull Fractured

Nature of injury: Auto accident

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify.

(Signed) J W Rhodes Coroner, M. D.

(Address) Hayti Mo

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.