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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

DEC 17 1934

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

Do not use this space.

38884

File No. 21

Registered No. 34

25

1. PLACE OF DEATH

County Clinton — Registration District No. 207

Township Concord — Primary Registration District No. 5286

City ~~Plattsburg~~ (No. ..... St. ..... Ward)

2. FULL NAME Thomas M. Johnson

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

Length of residence in city or town where death occurred 8 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: W.

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar. 26, 1856

7. AGE: Years 78 — Months 7 — Days 26 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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

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

10. Date deceased last worked at this occupation (month and year) 4-1-34

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mt. Pleasant Kentucky

FATHER

13. NAME Nathan Johnson

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

MOTHER

15. MAIDEN NAME Anna Woodyard

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mt. Pleasant Kentucky

17. INFORMANT (ADDRESS) M. E. Woodward Plattsburg Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Barry Mo DATE 11-26 1934

19. UNDERTAKER (ADDRESS) Treloar & Brun Plattsburg Mo.

20. FILED 11/24 1934 C. W. Chastain Dep Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 22 1934

22. I HEREBY CERTIFY, That I attended deceased from 1932, 19..., to Nov 22, 1934

I last saw him alive on Nov-10 1934. Death is said to have occurred on the date stated above, at 12 noon m.

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

	Date of onset
Angina Pectoris	Nov. 22
died in 5 minutes	
was dead when I arrived	
94.1	
97	
Other contributory causes of importance:	
Arteriosclerosis 94 A	over 2 years

Name of operation Post mortem examination Date of Nov 23 1934

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? No

If so, specify

(Signed) R. W. Dickerson, M. D.

(Address) Plattsburg Mo.