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.

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

Do not use this space.

43892

JAN 14 1935

1. PLACE OF DEATH
County Pemiscot
Township Little Prairie
City ..... (No. ..... , ... St. ..... Ward)

Registration District No. 651
Primary Registration District No. 5862

File No. .....
Registered No. 150

2. FULL NAME Robert Johnson

(a) Residence, No. ..... 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 Male
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 3, 1856

7. AGE Years 78 Months 9 Days 17 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farm
10. Date deceased last worked at this occupation (month and year) Nov 1934
11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) DK

FATHER
13. NAME Simmie Johnson
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) DK

MOTHER
15. MAIDEN NAME Delila Mertt
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) DK

17. INFORMANT (ADDRESS) D. S. Johnson Caruthersville Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Fremont Cemetery Union City Tenn DATE 12-22-34

19. UNDERTAKER (ADDRESS) H. S. Smith Caruthersville Mo

20. FILED Dec. 21 1934 Ada Martin Registrar.

MEDICAL CERTIFICATE OF DEATH

3

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-20- , 1934

22. I HEREBY CERTIFY, That I attended deceased from 12-10 , 1934, to 12-20- , 1934
I last saw him alive on 12-20 , 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:

Apoplexy
95B
82A
56A
Jal

Other contributory causes of importance:
Cardiac Injury & Goiter

Date of onset

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.
Mo.
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....
(Signed) Thomas J Collins , M. D.
(Address) Caruthersville Mo