

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

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.

He 7 inches
File No. *3* *658*
Registered No. _____
St. _____ Ward _____

1. PLACE OF DEATH

County *Wagoner* Registration District No. *218*
Township _____ Primary Registration District No. *3010*
City *Boonville* (No. _____) St. _____ Ward _____

2. FULL NAME *John 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 *Black* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *Single*

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Nov 24-1889*

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
45 1 11

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Brunston Mo*

MOTHER
13. NAME *John A. Johnson*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Boonville Mo*

15. MAIDEN NAME *Maria Wilson*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Saline County Mo*

17. INFORMANT *Mrs Maria Johnson*
(ADDRESS) *Boonville Mo*

18. BURIAL, CREMATION, OR REMOVAL *City Cemetery* DATE *Jan 6 1935*

19. UNDERTAKER *Hardman & Decker*
(ADDRESS) *Boonville Mo*

20. FILED *Jan 5 1935* *W. W. Boyworth*
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Jan 4 1935*

22. I HEREBY CERTIFY, That I attended deceased from *Nov 14*, 19*34*, to *Jan 4*, 19*35*

I last saw him alive on *Jan 4*, 19*35* Death is said to have occurred on the date stated above, at *9:35 A.M.*

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

Tuberculosis of the Lungs Date of onset *July 1934*

Other contributory causes of importance: *113*

Name of operation _____ Date of _____
What test confirmed diagnosis? *clinical* 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) *J. C. Tincher*, M. D.
(Address) *Boonville Mo*

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