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.

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

Do not use this space.

MAR 1 9 1935

6022

1. PLACE OF DEATH.
County Mason — Registration District No. 5-31 — File No.
Township White — Primary Registration District No. 5-709 — Registered No.
City (No. , St. Ward)

2. FULL NAME Arbe E 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 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): Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Sept 6-1890
6. DATE OF BIRTH (MONTH, DAY, AND YEAR)
7. AGE: YEARS 45 — MONTHS 5 — DAYS 6 — If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
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): mo

FATHER
13. NAME: John Johnson
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): mo

MOTHER
15. MAIDEN NAME: Josephine Mitchell
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): mo

17. INFORMANT (ADDRESS): Norma Johnson, Ethel mo
18. BURIAL, CREMATION, OR REMOVAL
PLACE: Bell Cemetery DATE: Feb 14 1935
19. UNDERTAKER (ADDRESS): Heyamung, Ethel mo
20. FILED: Feb 14 1935 — J. A. Thacklett, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Feb. 12 - 1935

22. I HEREBY CERTIFY, That I attended deceased from , 19, to , 19
I last saw h alive on , 1935. Death is said to have occurred on the date stated above, at 5 a.m.
The principal cause of death and related causes of importance were as follows:

Gun Shot Wound by his own hands With 22 Rifel

Date of onset

Other contributory causes of importance: 167

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.
Manner of injury
Nature of injury: Gun Shot Wound

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) Dr W H Gooch Coram, M. D.
(Address) Elmer mo

FEB 9 1945
FEB 1 1945