

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

Do not use this space.

13432

1. PLACE OF DEATH *JUL 24 1935*
 County *Gauley* Registration District No. *474*
 Township *Cumback Ozark* Primary Registration District No. *5638*
 City (No. _____) St. _____ Ward _____

2. FULL NAME *James Travis Johnson*
 (a) Residence, No. _____ St. _____ Ward _____
 (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.

File No. _____
 Registered No. _____

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <i>M</i>	4. COLOR OR RACE <i>W</i>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (<i>write the word</i>) <i>Bachelor</i>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>8-8-1854</i>				
7. AGE	YEARS <i>81</i>	MONTHS <i>8</i>	DAYS <i>8</i>	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) <i>Mo</i>				
MOTHER FATHER	13. NAME <i>Pamie Johnson</i>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Mo</i>			
	15. MAIDEN NAME <i>Sarah J. Barnard</i>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Mo</i>			
17. INFORMANT (ADDRESS) <i>Mrs S J Nicholas</i>				
18. BURIAL, CREMATION, OR REMOVAL				
PLACE <i>Missouri</i> DATE <i>4-27-1935</i>				
19. UNDERTAKER (ADDRESS) <i>Morris & Lechner</i>				
20. FILED <i>June 29 1935</i> <i>C. P. Coatsworth</i> Registrar.				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Apr 26*, 19*35*

22. I HEREBY CERTIFY, That I attended deceased from *Apr 25*, 19*35*, to *Apr 26*, 19*35*.
 I last saw him alive on *Apr 25*, 19*35*. Death is said to have occurred on the date stated above, at *10 a.m.*
 The principal cause of death and related causes of importance were as follows:
Bronchial Pneumonia Date of onset *4-24-35*

Other contributory causes of importance:
10/12

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 _____

24. Was disease or injury in any way related to occupation of deceased? *no*
 If so, specify _____
 (Signed) *L. J. Holmer*, M. D.
 (Address) *Missouri*

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.

