

1935 1 9 1935

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

Do not use this space.

15791

1. PLACE OF DEATH
 County Cape Girardeau Registration District No. 125
 Township Cape Girardeau Primary Registration District No. 3009
 City Cape Girardeau Home, Sikeston St. _____ Ward _____

2. FULL NAME Wm Joseph Johnson Jr
 (a) Residence No. Cape Girardeau 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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
 4. COLOR OR RACE Col
 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) Feb. 14 - 1909

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
26 3 4

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

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) Cape Girardeau Mo

FATHER 13. NAME Wm Johnson Sr.
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cape Girardeau Mo

MOTHER 15. MAIDEN NAME Anna Bollinger
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cape Girardeau Mo

17. INFORMANT (NAME) (Father) Wm Johnson
 (ADDRESS) Cape Girardeau Mo

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Fairmount DATE May 20 1935

19. UNDERTAKER J. P. Homan
 (ADDRESS) 107 S. Sprigg

20. FILED 1-18-1935
J. M. Thompson
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5-18-1935

22. I HEREBY CERTIFY, That I attended deceased from May 18th 1935 to May 18th 1935.
 I last saw him alive on May 18, 1935. Death is said to have occurred on the date stated above, at 9 P.m.
 The principal cause of death and related causes of importance were as follows:

Pulmonary Hemorrhage

Other contributory causes of importance:
Indigestion

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) W. P. Utter, M. D.
 (Address) Cape Girardeau Mo
Residence 105-1

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

