JUN 25 1935

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

Do not use this space.

File No. 20387

Registered No. 34

Registration District No. 548.

Primary Registration District No. 4323.

1. PLACE OF DEATH

64 County: Marion

Township: ~~Liberty~~ Palmyra

2 City: ..... (No. ....., ... St. ..... Ward)

2 2. FULL NAME: William Perry Johnson

(a) Residence, No. Palmyra, Mo. St., ... Ward. .....
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 31 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: Mary L. Stewart

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): April 26, 1870

7. AGE — YEARS: 65 MONTHS: 1 DAYS: 9 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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

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): Lewis County Missouri

FATHER

13. NAME: John W. Johnson

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Kentuckey

MOTHER

15. MAIDEN NAME: Christenah Cave

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Marion County Missouri

17. INFORMANT (ADDRESS): Mrs. Mary Johnson Palmyra, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE: Palmyra Cemetery DATE: 6/7/35 19..

19. UNDERTAKER (ADDRESS): Lewis Bros Palmyra, Mo.

20. FILED: June 7, 1935. Gertrude Lee Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): June 5, 1935

22. I HEREBY CERTIFY, That I attended deceased from July 4, 1934, to June 5, 1935. I last saw him alive on June 5, 1935. Death is said to have occurred on the date stated above, at 5:45 p.m. The principal cause of death and related causes of importance were as follows:

Acute Dilitation of Heart — Date of onset June 5, 35

Other contributory causes of importance: Cerebral Hemorrhage with Paralysis of left side July 4, 1934

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? .....

If so, specify .....

(Signed) H. W. Walker, M. D.

(Address) Palmyra Mo.

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.