SEP 25 1935

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

Do not use this space.

27198

1. PLACE OF DEATH

County Nodaway — Registration District No. 628 — File No.

Township Polk — Primary Registration District No. 5-827 — Registered No. 87

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

2. FULL NAME J. Leroy 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*)
M	W	Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 2, 1869

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	75	9	7	

OCCUPATION

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

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) Nodaway Co. (STATE OR COUNTRY) Missouri

FATHER

13. NAME John Johnson

14. BIRTHPLACE (CITY OR TOWN) Missouri (STATE OR COUNTRY)

MOTHER

15. MAIDEN NAME Elizabeth H Smith

16. BIRTHPLACE (CITY OR TOWN) Tenn. (STATE OR COUNTRY)

17. INFORMANT Mrs J. Leroy Johnson (ADDRESS) Maryville Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Hopkins Mo. DATE Aug. 11, 1935

19. UNDERTAKER Price Funeral Home (ADDRESS) Maryville Mo.

20. FILED Aug 10, 1935 Mamie E Clardy Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) August 9 1935

22. I ~~HEREBY~~ CERTIFY, That I attended deceased from Aug. 9th 35, to Aug 9 1935

I last saw him alive Aug. 9, 1935. Death is said to have occurred on the date stated above, at 7.30 m.

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

Sudden Acute Dilatation of the Heart, from an old myocarditis.

Date of onset

Other contributory causes of importance

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... 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) Chas. V. Lee, M. D.

(Address) Maryville, Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.