

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.

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

Do not use this space.

JAN 21 1936

37144

1. PLACE OF DEATH

County *St. Francis*
Township *Randolph*
City *Leadwood* (No.)

Registration District No. *33*
Primary Registration District No. *6024B*

File No. *34*
Registered No.
St. Ward

2. FULL NAME

Wyatt Morgan 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 <i>Male</i>	4. COLOR OR RACE <i>White</i>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <i>Married</i>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <i>Cloak Johnson</i>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>Oct 8 1874</i>		
7. AGE	YEARS <i>61</i>	MONTHS <i>8</i>
	DAYS <i>16</i>	If LESS than 1 day, hrs. or min.

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <i>Retired</i>
	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)
Sullivan Iowa

MOTHER FATHER
13. NAME *Wyatt Johnson*
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
Iowa

MOTHER FATHER
15. MAIDEN NAME *Caroline Secrest*

MOTHER FATHER
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
Virginia

17. INFORMANT (ADDRESS)
Maud Johnson Leadwood, Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE *Hope Well Center* DATE *Nov. 26 1935*

19. UNDERTAKER (ADDRESS)
J. S. Boyer Leadwood, Mo

20. FILED *11/26 1935* *W. E. Hubbschorn* Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Nov. 24 1935*

22. I HEREBY CERTIFY That I attended deceased from *Oct. 20 1935* to *Nov. 27 1936*
I last saw him alive on *Nov. 23 1936* Death is said to have occurred on the date stated above, at *Leadwood, Mo.*

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

Chronic myocarditis
ASD
Other contributory causes of importance:
none

Date of onset
11/15/30

Name of operation *none* Date of *none*
What test confirmed diagnosis? *Chromal* Was there an autopsy? *no*

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? *no* Date of injury *no* 19*36*
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 *no*
Nature of injury *no*

24. Was disease or injury in any way related to occupation of deceased? *No*
If so, specify *none*
(Signed) *W. E. Hubbschorn*, M. D.
(Address) *Leadwood, Mo.*

