

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.

JAN 25 1936

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

Do not use this space.

38870

1. PLACE OF DEATH

County Carroll
Township Carrollton
City (No.)

Registration District No. 135
Primary Registration District No. 5188

File No.
Registered No. 131

2. FULL NAME

Ephraim 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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W. 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) Aug 30 1861

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
74 3 4

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) (STATE OR COUNTRY) Ohio

13. NAME Wesley Johnson

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

15. MAIDEN NAME Martha Jones

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

17. INFORMANT (ADDRESS) Mrs. Arthur Jones, Carrollton, Mo., R.F.D.

18. BURIAL, CREMATION, OR REMOVAL PLACE Gilead Cem. DATE Dec 5 1935

19. UNDERTAKER (ADDRESS) Stanley Carrollton, Mo.

20. FILED 12-5 1935 W. H. Heskitt Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 4 1935

22. I HEREBY CERTIFY, That I attended deceased from Sept., 1935, to Dec. 4, 1935.
I last saw him alive on Dec. 3rd, 1935. Death is said to have occurred on the date stated above, at 1:00 P.
The principal cause of death and related causes of importance were as follows:

Careworn of left jaw
Date of onset

Other contributory causes of importance

Name of operation None 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) William G. Alwood, M. D.
(Address) Carrollton, Mo.

