MAR 20 1936

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

Do not use this space.

39938-a

1. PLACE OF DEATH

County: Jasper — Registration District No. 408 — File No.

Township: Jackson — Primary Registration District No. 5563A — Registered No.

City: NC (No. , St. Ward)

2. FULL NAME: James W Johnson

(a) Residence, No. Carthage NC St., Ward. NC (If nonresident, give city or town and State)
(Usual place of abode) County Farm

Length of residence in city or town where death occurred no yrs. NC mos. 11 ds. How long in U. S., if of foreign birth? NC yrs. NC mos. NC ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widower

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Unknown

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Feb 15 1859

7. AGE: YEARS 76 — MONTHS 10 — DAYS 13 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Mechanic
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Farming
10. Date deceased last worked at this occupation (month and year): Unknown
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Indiana

FATHER

13. NAME: Wm Johnson
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ohio

MOTHER

15. MAIDEN NAME: Eliza Burney
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Missouri

17. INFORMANT (ADDRESS): T A Trentman Supt Carthage NC

18. BURIAL, CREMATION, OR REMOVAL: PLACE Greenfield Iowa DATE 12/31 1935

19. UNDERTAKER (ADDRESS): Oliver Drake Mataway Carthage NC

20. FILED Dec 31 1936 S. B. Clinton Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Dec 28 1935

22. I HEREBY CERTIFY, That I attended deceased from 11-16-35, 19..., to 12-27-35, 19...

I last saw him alive on 12-27-35, 19... Death is said to have occurred on the date stated above, at 3 PM m.

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

	Date of onset
Myocarditis with decompensation	?
Other contributory causes of importance:	
Senile Dementia	2 months ago

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

What test confirmed diagnosis? Exam 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?

If so, specify

(Signed) Walter M. Johnson, M. D.

(Address) Carthage 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.