

APR 21 1936

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

Do not use this space.

11398

1. PLACE OF DEATH

County Lewis
Township Dickerson
City Canton, Mo. (No. _____)

Registration District No. 477
Primary Registration District No. 5646

File No. _____
Registered No. 20
St. _____ Ward _____

2. FULL NAME

(a) Residence, St. _____
(Usual place of abode)

St. _____ Ward _____

(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 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 Eles Marks

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 5 - 1866

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
69 7 7

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) Feb 14 1936 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dickerson Township Lewis County, Mo.

13. NAME James Henry Johnson

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

15. MAIDEN NAME Unknown

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

17. INFORMANT Mrs. Eles Johnson (wife)
(ADDRESS) Canton, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Benjamin Mo. DATE Mar. 14 1936

19. UNDERTAKER F. D. Kelly
(ADDRESS) Canton Mo.

20. FILED Mar. 13 1936 H. W. Harris
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar. 12 1936

22. I HEREBY CERTIFY, That I attended deceased from Mar. 8, 1936, to Mar. 12, 1936

I last saw him alive on Mar. 12, 1936. Death is said to have occurred on the date stated above, at 6:45 P. m.

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

Cerebral hemorrhage Date of onset since 1935

Other contributory causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? Biopsy 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) P. D. Hilliards
(Address) Canton 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.

