

JUN 20 1936

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

Do not use this space.

19074

1. PLACE OF DEATH

County

Township

City

Franklin
Boone

Registration District No.

Primary Registration District No.

(No.)

295
5415-a

File No.

Registered No.

St.

Ward

2. FULL NAME

(a) Residence, No.

(Usual place of abode)

St.

Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred

57 yrs.

mos.

ds.

How long in U. S., if of foreign birth?

yrs.

mos.

ds.

Arthur S. Johnson

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OF RACE White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 18, 1872

7. AGE YEARS 63 MONTHS 1 DAYS 18
If LESS than 1 day, hrs. or min.

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) 1925
11. Total time (years) spent in occupation 57

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) York, Pa. Mo

13. NAME A. W. Johnson

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Clair, Mo

15. MAIDEN NAME Alice Johnson

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Washington, Mo

17. INFORMANT Joe. C. Johnson
(ADDRESS) Pullman, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Crown Cemetery DATE May 8, 1936

19. UNDERTAKER (ADDRESS) Chas. A. Schiller, Pullman, Mo

20. FILED 575 1936 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 6, 1936

22. I HEREBY CERTIFY that I attended deceased from May 31, 1936, to May 6, 1936

I last saw him alive on May 6, 1936. Death is said to have occurred on the date stated above, at 7:55 P.M.

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

Cardiac Dropsy
Tuberculosis of the thoracic viscera
Date of onset 5 Mar

Other contributory causes of importance:

tuberculosis of the thoracic viscera

Name of operation: Resection of Thorax

What test confirmed diagnosis? Clinical 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) E. S. Hunsinger M. D.

(Address) Boonville, 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.

WHILE FILLING IN WITH AN ARCADE THIS IS THE ONLY ONE OF ITS KIND IN THE WORLD

