

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

Do not use this space.

JUL 16 1936

22046

1. PLACE OF DEATH

County Buchanan Registration District No. 100
 Township St Joseph Primary Registration District No. 100
 City St Joseph (No. State Hosp # 2) St. Ward

File No.
 Registered No. 815

2. FULL NAME

Lige Elmer Johnson
 (a) Residence, No. Trenton 770 St. Ward
 (Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 3 yrs. 1 mos. 17 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) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) unknown

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
71

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Common Labor.
 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) Missouri

MOTHER FATHER 13. NAME Ralph Johnson

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

MOTHER 15. MAIDEN NAME Mary Allen

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

17. INFORMANT Records - State Hosp # 2 (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE State Hosp # 2 DATE June 18, 1936

19. UNDERTAKER Heaton Be Goldberg & Bowman (ADDRESS) St Joseph Mo

20. FILED June 18, 1936 H. J. Nestlebury Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 15, 1936

22. I HEREBY CERTIFY, That I attended deceased from Nov 19, 1935, to June 15, 1936

I last saw him alive on June 15, 1936 Death is said to have occurred on the date stated above, at 9:25 a.m.

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

Chronic Myocarditis Date of onset 1933
plus
Chronic Pulmonary Tuberculosis
 Other contributory causes of importance: None
 Name of operation None Date of
 What test confirmed diagnosis Clin & Autopsy Was there an autopsy? yes

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. B. DeLong M. D.
 (Address) State Hosp # 2

