

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

Do not use this space.

SEP 29 1936

1. PLACE OF DEATH

County Pulaski
Township Grant
City Livonia (No.)

Registration District No. 720
Primary Registration District No. 6234

File No. 32028
Registered No. 17
St. Ward)

2. FULL NAME

John Dickerson Johnson
(a) Residence. No. St. Ward.
(Usual place of abode) (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) Widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Mar 26-1858

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
78 4 14

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Farmer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer E. W. Wood, Mo.

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY) Glenwood, Mo.

10. NAME OF FATHER J. W. Johnson

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Macon, Mo.

12. MAIDEN NAME OF MOTHER Joice Smith

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Ohio

14. INFORMANT (Address) Mr. A. W. Johnson Livonia, Mo.

15. FILE NO. Sept 8 1936 REGISTRAR E. E. McCallan

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug-10-1936

17. I HEREBY CERTIFY, That I attended deceased from Aug 1-1936 to Aug 9-1936 that I last saw him alive on Aug 9-1936 and that death occurred, on the date stated above, at 12:30 p.m.

THE CAUSE OF DEATH WAS AS FOLLOWS:

Heart Stroke + myocarditis

CONTRIBUTORY (SECONDARY) MI (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH?..... DATE OF.....

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS? (Signed) P. P. East M. D. Coatsville, Mo.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Biles Cemetery DATE OF BURIAL Aug 12 1936

20. UNDERTAKER John A. Roberts ADDRESS Lancaster, Mo.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

