

NOV 20 1936

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

Do not use this space.

36976

1. PLACE OF DEATH

County Cape Girardeau

Registration District No. 125

File No. _____

Township _____

Primary Registration District No. 3009

Registered No. 369

City Cape Girardeau (No. St. Francis Hospital)

St. _____ Ward _____

2. FULL NAME John Robert 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)

Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) APR 23-1871

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, _____ hrs. or _____ min.

65

6

2

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Storekeeper

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) 10-15-36

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Warren County

MOTHER / FATHER

13. NAME James Johnson

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis

15. MAIDEN NAME Louisa Lee

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Mo

17. INFORMANT Chetty Johnson

(ADDRESS) Roll Creek, Mo. R#1

18. BURIAL, CREMATION, OR REMOVAL

PLACE St. Anthony's

DATE Oct 27, 1936

19. UNDERTAKER H. J. Welch

(ADDRESS) St. Louis, Mo

20. FILED 10-24-36

J. M. Thompson Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10-25-1936

22. I HEREBY CERTIFY, That I attended deceased from 10-15-1936, to 10-25-1936

I last saw him alive on 10-25-1936. Death is said to have occurred on the date stated above, at 10:30 a.m.

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

Urethral stricture

Date of onset 25 yrs

Other contributory causes of importance:

Peri-urethral abscess with urinary extravasation and gangrene

10-22-36

Name of operation Suprapubic cystostomy Date of 10-24-36

What test confirmed diagnosis? By X-ray 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) Paul B. Husbann M. D.

(Address) 501 Broadway Cape Gir. Mo

