

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

Do not use this space.

DEC 18 1933

40654

1. PLACE OF DEATH

County Cedar
Township Cedar
City (No.)

Registration District No. 163
Primary Registration District No. 5232

File No.
Registered No. 59 Ward

2. FULL NAME LeRoy L. 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

MEDICAL CERTIFICATE OF DEATH

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11-16-1933

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

22. I HEREBY CERTIFY, That I attended deceased from Nov 15, 1936, to Nov 14, 1936

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 16 1860

I last saw him alive on Nov 14, 1936. Death is said to have occurred on the date stated above, at 2 P. m.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 76 2 0

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

Thrombosis of Arteries

Date of onset

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

Other contributory causes of importance

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cass County, Mo.

13. NAME George Johnson

Name of operation Date of

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

What test confirmed diagnosis? Was there an autopsy?

15. MAIDEN NAME Nancy Hendron

23. If death was due to external causes (violence), fill in also the following:

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

Accident, suicide, or homicide? Date of injury , 19

17. INFORMANT Mrs Cordelia Johnson (ADDRESS) Eldorado Springs, Mo.

Where did injury occur? (Specify city or town, county, and State)

18. BURIAL, CREMATION, OR REMOVAL PLACE Hackleman (Cem) DATE 11/18/1933

Specify whether injury occurred in industry, in home, or in public place.

19. UNDERTAKER Wm. Siders (ADDRESS) Eldorado Springs, Mo.

Manner of injury

20. FILED 11-17-1936 J. W. Daubson Registrar.

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify (Sign) , M. D. (Address) Eldorado Springs

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

