

I X7284

WRITE PLAINLY, WITH UNFADING INK—THIS IS A REQUIREMENT

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.

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

Do not use this space.

JAN 19 1937

45265

1. PLACE OF DEATH

County Johnson  
Township Madison  
City Holden (No. .... St. .... Ward)

Registration District No. 427  
Primary Registration District No. 4253

File No. ....  
Registered No. 53

2. FULL NAME

Thomas Jefferson 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 18 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 Murdle Johnson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 25 - 1857

7. AGE YEARS 79 MONTHS 5 DAYS 17 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) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Amesbury Ohio

13. NAME Harrison Johnson

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

15. MAIDEN NAME Minerva Hambright

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

17. INFORMANT (ADDRESS) Mrs Murdle Johnson Holden Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Holden cemetery DATE Dec 15 1936

19. UNDERTAKER (ADDRESS) St. Goodman Holden Mo

20. FILED Dec 15 1936 Mrs S. J. Redford Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 13 1936

22. I HEREBY CERTIFY, That I attended deceased from Dec 10 1936, to Dec 17 1936. I last saw him alive on Dec 12 - 1936. Death is said to have occurred on the date stated above, at 12:30 P. M.

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

Branchio-Pneumonia Date of onset

Other contributory causes of importance:

Name of operation ..... Date of .....  
What test confirmed diagnosis? ..... 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) R. L. Miller M. D.  
(Address) Holden Mo

