

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

Do not use this space.

FEB 23 1937

1. PLACE OF DEATH
 77 County Saline Registration District No. 799
 Township Cambridge Primary Registration District No. 6037B
 City (No.) St. Ward

2. FULL NAME James Milton Johnson
 (a) Resident No. (Usual place of abode) St. Ward. (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.

File No. 4542
 Registered No. _____

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 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) Rosa Ann Johnson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 6-3-1862

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day,hrs. ormin.
	<u>75</u>	<u>7</u>	<u>2</u>	

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) Saline Co. Mo.

FATHER

13. NAME Morgan Johnson

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

MOTHER

15. MAIDEN NAME Sarah E. Kirby

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

17. INFORMANT Mrs. Rosa Johnson
 (ADDRESS) State Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt Hope DATE 1-7-1937

19. UNDERTAKER Hill Brothers
 (ADDRESS) State Mo.

20. FILED Jan 6 1937 W M Tuttle
2nd Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-5-1937

22. I HEREBY CERTIFY, That I attended deceased from Feb 23 1936, to January 5 1937
 I last saw him alive on January 5 1937. Death is said to have occurred on the date stated above, at 6 p m.
 The principal cause of death and related causes of importance were as follows:
Pulmonary Tuberculosis Date of onset ?

Other contributory causes of importance:
Arteriosclerosis 1935

Name of operation None Date of _____
 What test confirmed diagnosis? Clinical 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) C. A. McTurney, M. D.
 (Address) State, Mo.

