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.

MAR 24 1937

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

Do not use this space.

1. PLACE OF DEATH
County Pemiscot
Township Concord
City ..... (No. ....., ... St. ..... Ward)

Registration District No. 653
Primary Registration District No. 5865

File No. 7544
Registered No. 17

2. FULL NAME Horrace Johnson
(a) Residence, No. Hayti St., ... Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M
4. COLOR OR RACE Colored
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Anna Johnson
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 28 - 1862.
7. AGE YEARS 75 MONTHS 0 DAYS 15 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
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. Same
10. Date deceased last worked at this occupation (month and year) Apr 1936
11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Miss.

FATHER
13. NAME D K
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) D K

MOTHER
15. MAIDEN NAME D K
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) D K

17. INFORMANT (ADDRESS) Anna Johnson Hayti Mo
18. BURIAL, CREMATION, OR REMOVAL
PLACE Mt. Carmel Country DATE 2 - 14 1937
19. UNDERTAKER (ADDRESS) Fields Hayti Mo
20. FILED 2 - 14 1937 J W Rhodes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2 - 13 1937
22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....
I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at ..... m.
The principal cause of death and related causes of importance were as follows:
Influenza from History
Date of onset
11 B
Other contributory causes of importance:
No medical attention
Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....
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? .....
If so, specify .....
(Signed) J W Rhodes Registrar, M. D.
(Address) Hayti Mo