

APR 22 1937

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

Do not use this space.

1. PLACE OF DEATH

County Newton Co
Township N. Franklin
City Star City, Mo (No. _____)

Registration District No. 608
Primary Registration District No. 5807

File No. 12777
Registered No. 6
St. _____ Ward _____

2. FULL NAME

Thos Benton Johnson
(a) Residence, No. _____ St., _____ Ward _____
(Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M. 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) _____

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 7/16 1896

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, _____ hrs. or _____ min.
41 2

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) Newton Co Mo

13. NAME Lee Johnson

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

15. MAIDEN NAME Maggie Osborne

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo (Newton Co)

17. INFORMANT Mrs Poca Johnson
(ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE Fairview DATE 7/20 1937

19. UNDERTAKER Bradley Funeral Home
(ADDRESS) Fairview Mo

20. FILED March, 22, 1937 Ada Collings
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7/18 1937

22. I HEREBY CERTIFY That I attended deceased from Sept 18 1937 to Sept 18 1937
I last saw him alive on Sept 18 1937 Death is said to have occurred on the date stated above, at 1:00 P m.
The principal cause of death and related causes of importance were as follows:
Carcinoma of

Date of onset _____

Other contributory causes of importance: 40

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) S. A. Russell, M. D.
(Address) Fairview Mo

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.

