

MAY 7 1937

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

Do not use this space.

1. PLACE OF DEATH

 County
 Township
 City (No. *City Hospital*)

 Registration District No. **791**
 Primary Registration District No. **1008**

 File No. **14137**
 Registered No. **3633**
 St. Ward)
2. FULL NAME *THOMAS A. JOHNSON*
 (a) Residence, No. *327 E. Comtois* 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 *MALE* 4. COLOR OR RACE *WHITE* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *SINGLE.*

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *JAN 1 - 1876*
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
61 3 1

 OCCUPATION
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *BLEACHERY*
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *MACHINE OPERATOR.*
 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) *MO.*13. NAME *JOSEPH JOHNSON*14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *MO*15. MAIDEN NAME *LUCY HOLDEN*16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *KY*17. INFORMANT *W.M. JOHNSON* (ADDRESS) *327 E. Comtois.*

18. BURIAL, CREMATION, OR REMOVAL

PLACE *MNT HOPE CEM.* DATE *APR. 5* 193719. UNDERTAKER *JOS. P. FENDLER JR.* (ADDRESS) *7128 MICHIGAN AV*20. FILED *DD* *105* 1937 *105* *J. Bredeck* Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *April 3* 193722. I HEREBY CERTIFY, That I attended deceased from *4/2 - 1937* to *4/2 - 1937*I last saw him alive on *4/2 - 1937*. Death is saidto have occurred on the date stated above, at *2:15 A.M.*

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

Empyema due to Influenza
 Date of onset *11/5*

Other contributory causes of importance:

Ac. Influenza

Name of operation Date of

What test confirmed diagnosis? *none*. Was there an autopsy? *no*

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

Accident, suicide, or homicide? *no* 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. H. Hawley*, M. D.(Address) *7219 Michigan*

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.

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 11/5

