

MAY 18 1937

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

Do not use this space.

1. PLACE OF DEATH

County

Callaway

Registration District No.

104

Township

Fulton

Primary Registration District No.

3008

City

(No.)

File No.

15892

Registered No.

114

St.

Ward)

2. FULL NAME

Herbert Johnson

(a) Residence, No.

401 N. W. 8th

St.,

Ward.

(Usual place of abode)

(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.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX

Male

4. COLOR OR RACE

Negro

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)

1885

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

52

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OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Janitor

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)

Missouri

13. NAME

D.K.

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

D.K.

15. MAIDEN NAME

Nancy Johnson

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

Missouri

17. INFORMANT (ADDRESS)

Mrs. Sadie Cooper

18. BURIAL, CREMATION OR REMOVAL

South Side Cem. Apr. 21-37

19. UNDERTAKER (ADDRESS)

Eli Bell Fulton Mo

20. FILED Apr 21, 1937

R. N. Crews Registrar.

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

April 19-1937

22. I HEREBY CERTIFY, that I attended deceased from

Jan 23 1937 to Apr-19 1937

I last saw h. e. alive on April 19 1937

Death is said to have occurred on the date stated above, at 9:30 A.M.

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

Exhaustion

Cardiac Atherosclerosis

Other contributory causes of importance:

Myocarditis Chronic Nephritis

Name of operation

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) H. B. Richardson, M. D.

(Address) Fulton Mo

