

MAY 19 1937

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

Do not use this space.

1. PLACE OF DEATH
20 County Cedar Registration District No. 165-
Township So. Lynn Primary Registration District No. 5231
City Greenfield Mo. (No.) St. 13 Ward (.....)

2. FULL NAME Larry Gene Johnson
(a) Residence, No. 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.

16003
File No. May 17 1937
Registered No. 13
St. Ward (.....)

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) July 11 1927

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
9 7 24

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

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) Springfield Mo.

13. NAME Walter Johnson

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

15. MAIDEN NAME Frona White

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bishop Grove Mo.

17. INFORMANT Walter Johnson
(ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL
PLACE Greenfield DATE May 9 1937

19. UNDERTAKER G. W. Ward
(ADDRESS) Greenfield Mo.

20. FILED May 17 1937 Mrs. A. A. Brown
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 5 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:
Accidental gun shot while crawling thro fence. Date of onset

Other contributory causes of importance: 184 179

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 4
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify.....
(Signed) M. D. Swinn, Coroner, M. D.
(Address) Eldorado Springs, Mo.

