

MAY 21 1937

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

Do not use this space.

1. PLACE OF DEATH

County Jasper Registration District No. 411 File No. 16657
Township Seneca Primary Registration District No. 2002 Registered No. 1
City Joplin, Mo (No. Freeman Hospital) Ward

2. FULL NAME

(a) Residence, No. Seneca, Mo St. Seneca, Mo Ward. Seneca, Mo
(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

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 Single

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 1 - 1918

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
18 11 18

OCCUPATION
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) Joplin Mo

MOTHER FATHER
13. NAME Lloyd J. Johnson
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Buffalo Mo

15. MAIDEN NAME Pearl Turner16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Prosperity Mo17. INFORMANT (ADDRESS) Lloyd J. Johnson18. BURIAL, CREMATION, OR REMOVAL PLACE Seneca Mo DATE 4-12-3719. UNDERTAKER (ADDRESS) Norman E. Mitchell Seneca Mo20. FILED 4-12-37 Ed Johnson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-12, 1937

I HEREBY CERTIFY That I attended deceased from April 9, 1937, to April 12, 1937.
I last saw him alive on April 13, 1937. Death is said to have occurred on the date stated above, at 4:50 a.m.
The principal cause of death and related causes of importance were as follows:

Pulmonary embolism Date of onset

Other contributory causes of importance:
Empyema of Right Lung - Lobar Pneumonia
Thoracotomy

Name of operation Thoracotomy Date of April 9/37
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) Ed Johnson, M. D.
(Address) Joplin Mo

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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Jasper
Township Joplin
City Joplin (No. _____)

Registration District No. 411
Primary Registration District No. 2002

File No. 16657
Registered No. _____
St. _____ Ward _____

2. FULL NAME

Lloyd Monroe Johnston

(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX m 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Single
(write the word)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, _____ hrs. or _____ min.
	<u>18</u>	<u>11</u>	<u>18</u>	

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)

13. NAME

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

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE _____ DATE _____ 19____

19. UNDERTAKER (ADDRESS)

20. FILED 4-13-37 Ed D James Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-12, 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: Pneumonia

Embolic

Other contributory causes of importance: 108

Empyema of Right Lung - Lobar pneumonia

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) Arthur Mitchell Gray M. D.

(Address) Joplin Mo

SUPPLEMENTARY

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

6599/-5