

MAY 27 1937

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

Do not use this space.

16833

1. PLACE OF DEATH

56 County Dickinson Registration District No. 477
Township Dickinson Primary Registration District No. 3646
City (No.) St. Ward

File No. Registered No. 857

2. FULL NAME

Benjamin Franklin 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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Lydia C. Brock Johnson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 4, 1860

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
76 4 1

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. retired 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) Durham, Mo13. NAME Wickliffe Johnson14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ker, Mo15. MAIDEN NAME May Ann Buckley16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Vig.17. INFORMANT Mrs Lydia C. Johnson (ADDRESS) Dickinson, Mo18. BURIAL, CREMATION, OR REMOVAL PLACE Dickinson, Mo DATE April 6, 193719. UNDERTAKER James A. Ocker (ADDRESS) Dickinson, Mo20. FILED Apr. 7, 1937 H. W. Harris Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 5, 1937

22. I HEREBY CERTIFY, That I attended deceased from April 1, 1937, to April 5, 1937

I last saw him alive on April 4, 1937 Death is said to have occurred on the date stated above, at 7 a. m.

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

Cerebral Hemorrhage Date of onset

Other contributory causes of importance:

Arteriosclerosis

Name of operation Date of What test confirmed diagnosis? Was there an autopsy? yes

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? noIf so, specify (Signed) P. D. Hillard, D.(Address) Dickinson, Mo.

