

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.

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

Do not use this space.

MAY 27 1937

16884

1. PLACE OF DEATH  
 59 County Burlington Registration District No. 508  
 Township \_\_\_\_\_ Primary Registration District No. 3026  
 1 City Chillicothe (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_  
 2. FULL NAME Edward 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

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widower  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Virginia  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec-16-1874  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 62 4 15  
 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) Missouri  
 MOTHER FATHER  
 13. NAME Perry Le Johnson  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky  
 15. MAIDEN NAME Elizabeth Perkins  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Sentry Mo.  
 17. INFORMANT Elizabeth Barnes  
 (ADDRESS) Chillicothe, Mo.  
 18. BURIAL, CREMATION, OR REMOVAL PLACE Forest Park DATE May 27 1937  
 19. UNDERTAKER Jas. D. Gordon  
 (ADDRESS) Chillicothe, Mo.  
 20. FILED May 3 1937 Donald H. Powell, M.D. Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May -1- 1937  
 22. I HEREBY CERTIFY, That I attended deceased from Sept. 15, 1932, to May 1, 1937  
 I last saw him alive on April 31, 1937. Death is said to have occurred on the date stated above, at 12:30 a.m.  
 The principal cause of death and related causes of importance were as follows:  
Leucemia of Liver Date of onset \_\_\_\_\_  
 Other contributory causes of importance: 46  
 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) W. L. White, M. D.  
 (Address) Chillicothe, Mo.

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