

MAY 31 1937

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

Victory
Do not use this space.

1. PLACE OF DEATH

County *Permeoat*Registration District No. *655*File No. *17181*

Township

Primary Registration District No. *4392*

Registered No.

City *State, Mo.* (No. St. Ward)2. FULL NAME *Elmathews 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 *M*4. COLOR OR RACE *R*5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *married*21. DATE OF DEATH (MONTH, DAY, AND YEAR) *5 - 2 - 1937*5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *Marion Johnson*

22. I HEREBY CERTIFY, That I attended deceased from

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *12 - 2 - 1910*

7. AGE

YEARS *26*MONTHS *5*DAYS *0*If LESS than 1 day, hrs. or min.

, 19... to ... 19...

I last saw him alive on ... 19... Death is said

to have occurred on the date stated above, at *7:50 P.M.*

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

No medical aid

Date of onset

OCCUPATION

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

Farm Hand.

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

Other contributory causes of importance:

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Ollington Tenn*

MOTHER FATHER

13. NAME *Phillip Johnson*14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Ollington Tenn*15. MAIDEN NAME *Lizzie Gelferson*16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Tenn*17. INFORMANT *Ed. Johnson* (ADDRESS) *State, Mo.*

18. BURIAL, CREMATION, OR REMOVAL

PLACE *Holly Grove*DATE *5 - 3 - 1937*19. UNDERTAKER *Seymour Wirt Co* (ADDRESS) *State, Mo.*20. FILED *May 10 1937**E. L. Robinson*
Registrar.

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) *S. L. Robinson*, M. D.(Address) *Registrar*

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. AGE should be stated EXACTLY. PHYSICIANS should state

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**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 Peru
Township Steele
City Steele (No. mo)

Registration District No. 656-
Primary Registration District No. 4392

File No. 17181
Registered No. _____
St. _____ Ward) _____

2. FULL NAME

Elmathems 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 M 4. COLOR OR RACE C 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

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.
26 5- 0

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) _____

FATHER 13. NAME _____

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

MOTHER 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 6/10 27 L. J. Johnson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5-2-1937

22. I HEREBY CERTIFY, That I attended deceased from _____, to _____, 19____.

I last saw h. _____ alive on _____, 19____. Death is said to have occurred on the _____ stated above, at _____ m.

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

Other contributory causes of importance: _____

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external cause (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) L. J. Johnson Registrar (Address) _____

SUPPLEMENTARY

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