

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 31 1937

1. PLACE OF DEATH

County Reynolds
Township Logan
City (No.) , St. Ward)

Registration District No. 748
Primary Registration District No. 5782

File No. 17394
Registered No.

2. FULL NAME Omar Cletis Johnson

(a) Residence, No. Star R. 2 Ellington, MO. 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 Boy 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Infant

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 9, 1936

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
11 25

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

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) Logan Township
(STATE OR COUNTRY) MO.

13. NAME Edgar A. Johnson

14. BIRTHPLACE (CITY OR TOWN) Reynolds CO.
(STATE OR COUNTRY) MO.

15. MAIDEN NAME Elsie Lewis

16. BIRTHPLACE (CITY OR TOWN) Reynolds CO.
(STATE OR COUNTRY) MO.

17. INFORMANT Edgar A. Johnson,
(ADDRESS) Ellington, MO.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Lewis Cemetery DATE May 5, 1937

19. UNDERTAKER Robert Clements,
(ADDRESS) Ellington, MO.

20. FILED May 31 1937 Cassie Evans
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 4, 1937 19

22. I HEREBY CERTIFY That I attended deceased from April 13 to April 22, 1937, 19

I last saw him alive on April 22, 19

to have occurred on the date stated above, at 8.03 P. m.

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

Broncho-Pneumonia

Date of onset Apr 9

Other contributory causes of importance:

Acute Suppurative Otitis
Media & Meningitis.

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?
If so, specify

(Signed) A. F. Bugg, M. D.
(Address) Ellington, MO.

A. F. Bugg, M. D.

