

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

17802

1. PLACE OF DEATH

105 County *Sullivan*  
Township *Rock*  
City (No. ....) St. .... Ward)

Registration District No. *853*  
Primary Registration District No. *6120*

File No. ....  
Registered No. ....

2. FULL NAME

*James Johnson*  
(a) Residence, No. .... St. .... Ward.  
(Usual place of abode)  
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.

(If nonresident, give city or town and State)

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 *Lou Johnson*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *June 9, 1863*

7. AGE YEARS *73* MONTHS *9* DAYS *27* If LESS than 1 day, .... hrs. or .... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *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) *Monroe Co., Kentucky*

13. NAME *Wiram Johnson*

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

15. MAIDEN NAME *Mertae Meadows*

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

17. INFORMANT (ADDRESS) *Mrs. Chas. E. Cochran*  
*Orlando, Mo.*

18. BURIAL, CREMATION, OR REMOVAL *Crosswood Cem* DATE *Apr. 7, 1937*

19. UNDERTAKER (ADDRESS) *C. H. Schreiner*  
*Orlando, Mo.*

20. FILED *May 7, 1937* *Cleo Hagan* Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *April 6, 1937*

22. I HEREBY CERTIFY That I attended deceased from *April 2, 1937* to *April 6, 1937*  
I last saw him alive on *April 5, 1937*. Death is said to have occurred on the date stated above, at *2:00* p.m.

The principal cause of death and related causes of importance were as follows:  
*Septic infection of streptococci not typed, beginning in perianal region.*

Other contributory causes of importance:  
*Chronic myocarditis*

Name of operation ..... Date of .....  
What test confirmed diagnosis? *0* 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? *no*  
If so, specify .....  
(Signed) *J. S. Montgomery* M. D.  
(Address) *Orlando, Mo.*

