JUN 22 1937

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

Do not use this space.

File No. 20246

Registered No.

1. PLACE OF DEATH
County JACKSON
Registration District No. 396
Township FT OSAGE
Primary Registration District No. 5552
City ~~Levasy~~ RR.No.1. (No. 2 miles NW of Levasy 2miles East of Sibley St. Ward)

2. FULL NAME Mr. Isaiah Johnson
(a) Residence, No. Farm home 2 miles East of Sibley Mo. St. Ward
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 59 yrs. X mos. X 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) Mrs. Della Johnson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 6 1857

7. AGE: Years 79 | Months 11 | Days 25 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
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) 1933
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Sibley Missouri

FATHER
13. NAME Joseph Johnson
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jackson Co. Missouri

MOTHER
15. MAIDEN NAME Katherine Silvers
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New Orleans La.

17. INFORMANT Mr ~~E.~~ X. Johnson (son)
(ADDRESS) Warrensburgh Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Sibley Cem. DATE Ap. 3. 1937, 19

19. UNDERTAKER Reppert Funeral Home
(ADDRESS) Buckner Mo.

20. FILED Apr 2, 1937 John W Robertson
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 1. 1937, 19

22. I HEREBY CERTIFY, That I attended deceased from Mar 27, 1937, to April 1, 1937
I last saw him alive on Mar 31, 1937. Death is said to have occurred on the date stated above, at Noon m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	Mar 27 37

Other contributory causes of importance: Hypertension

Name of operation None Date of X
What test confirmed diagnosis? X Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? X Date of injury X, 19
Where did injury occur? X
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury X
Nature of injury X

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify X
(Signed) John W Robertson, M. D.
(Address) Barnard Mo

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.