

JUN 28 1937

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

Do not use this space.

1. PLACE OF DEATH

County Randolph
Township Spartan
City Cairo (No. 2)

Registration District No. 735
Primary Registration District No. 2034

File No. 21097
Registered No. 147 Ward

2. FULL NAME Thomas S. Johnson

(a) Residence, No. Renick Mo. St. Ward.

Length of residence in city or town where death occurred yrs. 6 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widower</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Widower</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR)				
7. AGE <u>56</u>	YEARS	MONTHS	DAYS	If LESS than 1 day,hra. ormin.

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer; bookkeeper, etc. <u>Salesman</u>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u> </u>
	10. Date deceased last worked at this occupation (month and year) <u> </u>
	11. Total time (years) spent in this occupation <u> </u>

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Delaware

MOTHER FATHER 13. NAME John Johnson

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

15. MAIDEN NAME Katherine Smith

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Delaware

17. INFORMANT Ruth Balston Niece
(ADDRESS) Cedar Rapids Iowa

18. BURIAL, CREMATION, OR REMOVAL PLACE Oakland Cem. DATE May 28 1937

19. UNDERTAKER (ADDRESS) Spoo Funeral Home

20. FILED May 27 1937 Ethel Gleason Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 26 1937

22. I HEREBY CERTIFY, That I attended deceased from Feb 15, 1937, to May 26, 1937. I last saw him alive on May 26, 1937. Death is said to have occurred on the date stated above, at m. The principal cause of death and related causes of importance were as follows

Cancer of Liver.
None that I know

Name of operation Hysterectomy Date of May 1937
What test confirmed diagnosis? Clasico Was there an autopsy? no

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) M R Woland M. D.
(Address)

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.

