WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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.

JUL 26 1937

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

Do not use this space.

23213

1. PLACE OF DEATH

County Buchanan — Registration District No. 85 — File No.

Township — Primary Registration District No. 1001 — Registered No. 698

City St. Joseph Mo (No. St. Joseph Hospital Sisters St. Ward)

2. FULL NAME Floyd Edward Johnson

(a) Residence, No. St., Ward. PLATTSBURG MO
(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 W — 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 27, 1903

7. AGE 237 — YEARS 34 — MONTHS 3 — DAYS 6 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

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

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) PLATTSBURG MO

FATHER

13. NAME Frank Johnson

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

MOTHER

15. MAIDEN NAME Myrtle Montgomery

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hannibal MO

17. INFORMANT (ADDRESS) Myrtle Johnson PLATTSBURG MO

18. BURIAL, CREMATION, OR REMOVAL
PLACE PLATTSBURG MO DATE June 1937

19. UNDERTAKER (ADDRESS) O'Brien-Lyon PLATTSBURG MO

20. FILED 6/17 1937 H. J. Westhaus Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 3, 1937

22. I HEREBY CERTIFY, That I attended deceased from May 24, 1937 to June 3, 1937

I last saw him alive on June 2, 1937. Death is said to have occurred on the date stated above, at 7:20 a.m.

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

Acute Appendicitis — Date of onset May 20

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Other contributory causes of importance: Intraocular Embolism June 3

Name of operation Appendectomy Date of May 24

What test confirmed diagnosis? Clinical 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 1
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify

(Signed) John J. Burns, M. D.
(Address) St. Joseph Mo.