

JUL 27 1937

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

Do not use this space.

1. PLACE OF DEATH

County Butler
Township Ash Hill
City (No.)

Registration District No. 90
Primary Registration District No. 3734A

File No. 23293
Registered No. 11
St. _____ Ward _____

2. FULL NAME Silas 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

MEDICAL CERTIFICATE OF DEATH

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*) widowed

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 17, 1937

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

22. I HEREBY CERTIFY, That I attended deceased from June 15, 1937, to June 17, 1937
I last saw him live on June 15, 1937. Death is said to have occurred on the date stated above, at 8:30 P.M.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 17, 1864

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
72 9 0

Date of onset

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

Hypertension
Cardiovascular
chronic (?)

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 _____

Other contributory causes of importance:
9532

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Louisville, Kentucky

13. NAME Unknown

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

15. MAIDEN NAME Unknown

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

17. INFORMANT Claud Johnson (son)
(ADDRESS) Butler County, Missouri

18. BURIAL, CREMATION, OR REMOVAL: PLACE Marble Hill DATE June 18, 1937

19. UNDERTAKER: Greer Funeral Service
(ADDRESS) Poplar Bluff, Missouri

20. FILED: 6-19 1937 Nancy Smith Registrar

Name of operation _____ Date of _____
What test confirmed diagnosis laboratory 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) Sheel Harnell M. D.
(Address) Poplar Bluff, Mo.

N. B.—Every item of information should be carefully checked. Exact statement of OCCUPATION is very important. CAUSE OF DEATH in plain terms, so that it may be properly classified.

