

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.

44  
5  
JUL 29 1937

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

Do not use this space.

## 1. PLACE OF DEATH

County Jasper  
Township Galena  
City Joplin (No. Freeman Hospital St. Ward)

Registration District No. 4111Primary Registration District No. 2002File No. 23966

Registered No.

## 2. FULL NAME

(a) Residence, No. Cassville Mo St. — Ward. Cassville 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.

yrs. mos. 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 Neva Johnson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 4-28-1913

7. AGE YEARS 24 MONTHS 1 DAYS 30 If LESS than 1 day, ..... hrs. or ..... min.

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Stock Dealer10. Date deceased last worked at this occupation (month and year) 6-10-37 11. Total time (years) spent in this occupation12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Barry Co. Mo13. NAME Benjamin H. Johnson14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Washington Co. Mo15. MAIDEN NAME Edwina Mashin16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Barry Co. Mo17. INFORMANT Benjamin H. Johnson (ADDRESS) Cassville, Mo.18. BURIAL, CREMATION, OR REMOVAL PLACE Cassville, Mo DATE 6-14 193719. UNDERTAKER 1100 Memorial Home (ADDRESS) Cassville, Mo20. FILED 6-14-37 1937 Ed D. James Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-12-193722. I HEREBY CERTIFY, That I attended deceased from 6/10 1937, to 6/12 1937.I last saw him alive on June 12, 1937. Death is saidto have occurred on the date stated above, at 7:15 A.M.

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

Crushing injury of spine  
Shock  
Renal decompensation

Date of onset 6/9/37

Other contributory causes of importance:

Circulatory Collapse  
Internal injuries

Name of operation Laminectomy Date of 6/11/37What test confirmed diagnosis? X-ray Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? accident Date of injury 6/9, 1937Where did injury occur? Cassville, Mo.

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Highway - PublicManner of injury Car, collidedNature of injury Spinal fractures multiple24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Sam Grantham Jr. D.(Address) Joplin, Mo.

