

SEP 22 1937

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

Do not use this space.

31378

1. PLACE OF DEATH

75 County Oregon
Township Piney
City (No.) St. Ward

Registration District No. 636
Primary Registration District No. 5844

File No.
Registered No. 27

2. FULL NAME

(a) Residence, No. St. Ward

(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.

Gasper Calvin Johnson

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 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 Cora Taylor

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 5 1877

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
59 8 20

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

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) Missouri

13. NAME J. B. Johnson

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

15. MAIDEN NAME Melvina Mooney

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) not given

17. INFORMANT Mrs. Cora Johnson
(ADDRESS) Factor

18. BURIAL, CREMATION, OR REMOVAL

PLACE Smith DATE Sept 2 1937

19. UNDERTAKER Leo Carr
(ADDRESS) Chapel way

20. FILED 9/16 1937 Conrad Bailey
Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) August 31 1937

22. I HEREBY CERTIFY, That I attended deceased from Aug 15 1937 to Aug 30 1937

I last saw him alive on or Aug 29 1937 Death is said to 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:

Cancer of Kidney

Date of onset

Sept 1stOther contributory causes of importance: 51

Name of operation..... Date of.....

What test confirmed diagnosis?..... 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?.....

If so, specify

(Signed) Arthur Pro, M. D.(Address) Adon Pro

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

