SEP 27 1937

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

Do not use this space.

31960

1. PLACE OF DEATH
County Scott
Township Richland
City Sikeston (No. , St. Ward)
Registration District No. 821
Primary Registration District No. 6070
File No.
Registered No.

2. FULL NAME William Robert Johnson
(a) Residence, No. 115 N. Frisco 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. 7 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE W.
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 25 1860
7. AGE YEARS 77 MONTHS 2 DAYS 23 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Truck Farmer
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) Centralia Ill

FATHER
13. NAME Wm Robt. Johnson
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Centralia Ill

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) "

17. INFORMANT (ADDRESS) Elsie Oliver Sikeston Mo.
18. BURIAL, CREMATION, OR REMOVAL
PLACE Sikeston Mo DATE Aug 19 1937
19. UNDERTAKER (ADDRESS) John Abbritton Sikeston Mo
20. FILED 9-8 1937 G W H Pressell Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 18 1937
22. I HEREBY CERTIFY, That I attended deceased from Aug 12 1937, to Aug 18 1937
I last saw h alive on Aug 17 1931 Death is said to have occurred on the date stated above, at 12:50 A m.
The principal cause of death and related causes of importance were as follows:

Cerebral hemorrage

Date of onset

Other contributory causes of importance:

Name of operation Date of
What test confirmed diagnosis? Clinical 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) A A Mayfield, M. D.
(Address) Sikeston Mo

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.