SEP 27 1937

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

Do not use this space.

File No. 32057

Registered No.

1. PLACE OF DEATH

County Vernon Registration District No. 870

Township Grand Primary Registration District No. 6153

City Deerfield, Mo. (No. RFD#1 St. Ward)

2. FULL NAME Charles Andrew Johnson

(a) Residence, No. RFD#1 Deerfield, Mo. St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 63 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	White	Married.

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan-8-1865

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
72	7	12	

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farm

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) Macomb Co. Mich.

FATHER

13. NAME John Johnson.

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

MOTHER

15. MAIDEN NAME Hannah Ellis.

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

17. INFORMANT Mrs. C. A. Johnson.
(ADDRESS) Deerfield, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Deerfield, Cem DATE Aug-22- 1937

19. UNDERTAKER Geo. A. Konantz.
(ADDRESS) Fort Scott, Kansas.

20. FILED Aug 21 1937 Mo. M. D. Grimm
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) August-20- 1937

22. I HEREBY CERTIFY, That I attended deceased from August 19 1937, to Aug-20- 1937

I last saw him alive on Aug-20- 1937 Death is said to have occurred on the date stated above, at 10:15A. M.

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

	Date of onset
Cerebral hemorrhage	8-2-37
General arteriosclerosis	several years ago.

Other contributory causes of importance:

Name of operation None Date of

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

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Raymond French, M. D.

(Address) Fort Scott, Kansas.

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.