

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.

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

791

33888

1. PLACE OF DEATH

(a) County
(b) Township
(c) City St. Louis, Mo.
(d) Street No. Barnes Hospital
(f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME James Emmanuel Johnson

(a) Residence, No. St. NR MoLeansboro, Illinois
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

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 Grace Johnson
(OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) September 28th, 1902

7. AGE YEARS MONTHS DAYS
35 11 26
If LESS than 1 day, ... hrs. or min.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Physician
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) Sept. 19, 1937
11. Total time (years) spent in this occupation 7 Yrs.

12. BIRTHPLACE (CITY OR TOWN) Hamilton County,
(STATE OR COUNTRY) Illinois

13. NAME Columbus Johnson

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

15. MAIDEN NAME Julia Johnson

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

17. INFORMANT Mrs Grace Johnson
(ADDRESS) MoLeansboro, Illinois

18. BURIAL, CREMATION, OR REMOVAL
PLACE MoLeansboro, Ill. DATE Sept. 26th, 1937

19. FUNERAL DIRECTOR Albert H. Hoppe Inc.,
(ADDRESS) 429 N. Euclid Avenue

20. FILER J. B. Bredeck
SEP 24 1937 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) September 24, 1937

22. I HEREBY CERTIFY, That I attended deceased from September 24, 1937, to Sept 24th, 1937
I last saw him alive on Sept 24, 1937. Death is said to have occurred on the date stated above, at 5:30 A.M.
The principal cause of death and related causes of importance were as follows:

Pulmonary edema
(probably epidemic)

Date of onset
Sept 20

Other contributory causes of importance:

Respiratory paralysis

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? Yes

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) Dr. W. H. Duane, M. D.

(Address) MoLeansboro, Ill.

STATEMENT BY LICENSED EMBALMER

I, Benj. C. Duncan, Licensed Embalmer No. 2272

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

L. E.

No. _____ or by _____, Registered Apprentice No. _____
working under my personal supervision.

Signed

Benj. C. Duncan

Licensed Embalmer No. 2272

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)