

OCT 21 1937

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

Do not use this space.

1. PLACE OF DEATH:

County MasonTownship MasonCity Hannibal(No. St. Elizabeth No.)Registration District No. 547Primary Registration District No. 3079File No. 34758Registered No. 289

St. _____

Ward _____

2. FULL NAME Wm Arthur Johns

(a) Residence, No. _____

(Usual place of abode)

St. _____

Ward _____

(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

white5. SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)married

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF
(OR) WIFE OFClara J. Johns

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

Jan 4 - 1877

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1
day, hrs.
or min.60816

OCCUPATION

8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.Farmer9. 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)Quincy Ill.

13. NAME

W. A. Johns14. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)Illinois

15. MAIDEN NAME

16. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)Lavinia Flach
Illinois17. INFORMANT
(ADDRESS)Harold Johns
W. 1st level Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Palmyra Mo DATE 9-23 193719. UNDERTAKER
(ADDRESS)E. J. Spasie
Palmyra Mo

20. FILED

9-23-37H. C. Fisher
Registrar.

MEDICAL CERTIFICATE OF DEATH

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

9-20 1937

22. I HEREBY CERTIFY, That I attended deceased from

9/16 1937, to 9/20 1937I last saw him alive on 9/20 1937 Death is saidto have occurred on the date stated above, at 6:00 P.M.

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

Robert pneumonia
Chronic nephritis

Date of onset

Other contributory causes of importance:

Hypertensive heart
disease

Name of operation.....

Date of.....

What test confirmed diagnosis?.....

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? No

If so, specify.....

(Signed) J. A. Hill

, M. D.

(Address) Palmyra 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.

