

NOV 24 1937

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

Do not use this space.

1. PLACE OF DEATH

County Webster
Township Finley
City (No. _____) _____

Registration District No. 897
Primary Registration District No. 6902

File No. 39087
Registered No. 29
St. _____ Ward _____

2. FULL NAME

Clyde Johnson
(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)

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. (If nonresident, give city or town and State).

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 12, 1924

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
13 16

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

attending

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

school

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) Douglas Co. Mo.

13. NAME Floyd Johnson

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Shannon Co. Mo.

15. MAIDEN NAME Sophia Lea

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Douglas Co. Mo.

17. INFORMANT (ADDRESS) Floyd Johnson, P.O. # 2, Shannon Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Day Care DATE Oct 28, 1937

19. UNDERTAKER (ADDRESS) Kelley Ferrelly, Shannon Mo.

20. FILED 10/28 1937 W E Moman Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 28, 1937

22. I HEREBY CERTIFY, That I attended deceased from Oct 27, 1937, to Oct 28, 1937

I last saw him alive on Oct 27, 1937 Death is said to have occurred on the date stated above, at 12:20 A.M.

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

Diphtheria

Date of onset

Oct 27, 1937

Other contributory causes of importance:

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) J. A. Ferguson, M. D.

(Address) Manassett 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.

