

DEC 15 1937

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

Do not use this space.

21

1. PLACE OF DEATH Callaway
 County Callaway Registration District No. 104
 Township Fulton Primary Registration District No. 3008
 City Fulton (No.) St. Ward
 2. FULL NAME Arthur Johnson
 (a) Residence, No. 1206 Westminister 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. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

File No. 40812
 Registered No. 265

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX <u>Male</u>	4. COLOR OR RACE <u>Negro</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Linda</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Oct. 5-1878</u>		
7. AGE YEARS <u>59</u>	MONTHS <u>1</u>	DAYS <u>4</u>
8. Trade, profession, or particular kind of work done, as splanner sawyer, bookkeeper, etc. <u>Laborer</u>		
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) <u>Missouri</u>		
13. NAME <u>Dr.</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Dr.</u>		
15. MAIDEN NAME <u>Dr.</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Dr.</u>		
17. INFORMANT <u>Mrs. Linda Johnson</u> (ADDRESS) <u>Fulton, Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL <u>Ridge Church Cemetery</u> DATE <u>Nov. 14 1937</u>		
19. UNDERTAKER <u>Elin Bell</u> (ADDRESS) <u>Fulton, Mo</u>		
20. FILED <u>Nov 13 1937 P. M. Crews</u> Registrar.		

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 9 1937

22. I HEREBY CERTIFY, That I attended deceased from Oct 1 1937 to Nov 9 1937
 I last saw him alive on Nov 7 1937. Death is said to have occurred on the date stated above, at 3:30 P. M.
 The principal cause of death and related causes of importance were as follows:
Mycocarditis
4351
 Other contributory causes of importance:
Chronic Arteriosclerosis
hypertension

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) F. J. Crews, M. D.
 (Address) F. J. Crews, Mo.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. ETHNIC ORIGIN should be stated. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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