

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

Do not use this space.

1. PLACE OF DEATH
 64 County Mason Registration District No. 547
 Township Mason Primary Registration District No. 2029
 5 City Wannibal (No. 8) Leveering Hospital File No. 3420
 Registered No. 18 St. _____ Ward _____

2. FULL NAME Samuel Johnson 525
 (a) Residence, No. New Jordan 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 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 Colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

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

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

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
about 79 — — —

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

MOTHER FATHER
 13. NAME Unknown
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____
 15. MAIDEN NAME Unknown
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____

17. INFORMANT (ADDRESS) Jan O'Day Wannibal Mo
 18. BURIAL, CREMATION, OR REMOVAL PLACE New Jordan MO DATE Nov. 27th 1937

19. UNDERTAKER (ADDRESS) James O'Donnell Wannibal Mo

20. FILED Jan 17, 1938 J. C. Fisher Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 25th 1937

22. I HEREBY CERTIFY, That I attended deceased from Nov 24 1937, to Nov 25 1937
 I last saw h. alive on Nov 24, 1937. Death is said to have occurred on the date stated above, at 6:30 p. m.
 The principal cause of death and related causes of importance were as follows:
Myocarditis
Fractured leg & arm
 Other contributory causes of importance:
Chronic Alcoholism

Name of operation _____ Date of _____
 What test confirmed diagnosis? 21870 Was there an autopsy? 21

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? Accident Date of injury Nov 24, 1937
 Where did injury occur? Wannibal Mo
 (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place. Marl Tavern, Wannibal
 Manner of injury Drunk while struck man
 Nature of injury fractured leg & arm - shock

24. Was disease or injury in any way related to occupation of deceased? _____
 If so, specify _____
 (Signed) J. C. Fisher M. D.
 (Address) Wannibal Mo

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FEB 23 1938

BUREAU OF VETERINARY SERVICES
MO. STATE BOARD OF HEALTH

Hannibal, Missouri.
November 26th, 1937.

I, James O'Donnell Coroner of Marion County, Missouri
as called the 25th day of November 1937 to view the
remains of Samuel Johnson at Levering Hospital who was
struck by car driven by R.T. Page of Hannibal, Mo, after
speaking with eye witnesses I found that Samuel Johnson
being struck by car driven by R.T. Page was unavoidable.

James O'Donnell
Coroner of Marion County Mo.

Dec 27, 1937.

Filed in my office on the above date and after the certificates
for these deaths were mailed to Jefferson City, Mo.

W. C. Fisher

W. C. Fisher, City Clerk.

S-3420 1938