

REC'D MAR 17 1938

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

Do not use this space.

7086

1. PLACE OF DEATH  
 49 County Jasper Registration District No. 411  
 5 Township Jasper Primary Registration District No. 2002  
 City Jasper (No. 106 N. Pearl) St. Jasper Ward 525

2. FULL NAME William Edwidge Johnson  
 (a) Residence, No. 106 N. Pearl St. Jasper Ward 525  
 (Usual place of abode)  
 Length of residence in city or town where death occurred 47 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 Wht 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 8 1861

7. AGE YEARS 76 MONTHS 3 DAYS 15 If LESS than 1 day, ..... hrs. or ..... min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salisman  
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Clothing  
 10. Date deceased last worked at this occupation (month and year) 2.1.38 11. Total time (years) spent in this occupation 47 yrs

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Crawfordsville Ind

MOTHER 13. NAME Joseph Johnson  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.  
 15. MAIDEN NAME Jessie Cook  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

17. INFORMANT Paul Johnson  
 (ADDRESS) Jasper, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE W. Lake DATE 2/25 1938

19. UNDERTAKER Widener & Sons Co  
 (ADDRESS) Jasper, Mo

20. FILED 2-25-38 Ed E. Jensen  
 Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 23 1938

22. I HEREBY CERTIFY, that I attended deceased from June 31, Feb 23 1938  
 I first saw him alive on Feb 23 1938. Death is said to have occurred on the date stated above, at 10:30 p. m.  
 The principal cause of death and related causes of importance were as follows:  
 Date of onset

Myocarditis - chr.  
Hypertension  
Cerebral hemorrhage  
 Other contributory causes of importance: 93C  
Hypertension  
Senility

Name of operation None Date of operation None  
 What test confirmed diagnosis? None 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 \_\_\_\_\_  
 (Signature) Wm. H. Jensen, M. D.  
 (Address) Jasper, Mo

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

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