

REC'D MAY 10 1938

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

Do not use this space.

1. PLACE OF DEATH
County Haworth Registration District No. 384
Township Haworth Primary Registration District No. 552
City (No. St. Ward)
2. FULL NAME Larry Clean Johnson 52
(a) Residence No. Rt 1, West Plains, Mo. Ward. (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. mos. 10 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

14801

File No.
Registered No.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>M</u>	4. COLOR OR RACE <u>W.</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>3-21 1938</u>		
7. AGE	YEARS	MONTHS
		<u>20</u>
If LESS than 1 day, hrs. or min.		
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	<u>/</u>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	<u>/</u>
	10. Date deceased last worked at this occupation (month and year)	<u>/</u>
11. Total time (years) spent in this occupation		<u>0</u>
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Thousand Oaks, Ill.</u>		
FATHER	13. NAME <u>Stanley Johnson Mrs</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>West Plains, Mo.</u>	
MOTHER	15. MAIDEN NAME <u>Stella Louise Smith</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>West Plains, Mo.</u>	
17. INFORMANT <u>Stanley Johnson Mrs</u> (ADDRESS) <u>West Plains, Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Emory</u> DATE <u>4-18-38</u>		
19. UNDERTAKER <u>Mrs Luning Mrs</u> (ADDRESS) <u>West Plains, Mo.</u>		
20. FILED <u>7-17</u> 19 <u>38</u> <u>Lida W. SIMONS</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr 17 - 1938

22. I HEREBY CERTIFY, That I attended deceased from 19....., to 19.....

I last saw h..... alive on 19..... Death is said to have occurred on the date stated above, at 4:30 m.

The principal cause of death and related causes of importance were as follows:
Pneumonia 3/28

Other contributory causes of importance: 159

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? /
If so, specify P.D. G... M. D.
(Signed) P.D. G... M. D.
344 (Address) West Plains, Mo.

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

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