

CAUSE OF DEATH IN plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Rec'd. O.K.

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

Do not use this space.

REC'D JUN 14 1938

18818

1. PLACE OF DEATH

County *Marion*
Township *Jackson*
City _____ (No. _____)

Registration District No. *542*
Primary Registration District No. *5731*

File No. *20*
Registered No. *4*
St. _____ Ward _____

2. FULL NAME *John Edgar Johnson 595*

(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

MEDICAL CERTIFICATE OF DEATH

3. SEX *male* 4. COLOR OR RACE *white* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *married*

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *May 10 1938*

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

I HEREBY CERTIFY That I attended deceased from *May 1 1938* to *May 10 1938*
I last saw him alive on *May 10 1938* Death is said to have occurred on the date stated above, at *5 P.M.*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *May 31-1897*

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
60 11 9

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

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

Other contributory causes of importance
Chronic nephritis

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Marion County Mo*

FATHER
13. NAME *John M Johnson*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Mo*

MOTHER
15. MAIDEN NAME *Martha Yacker*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Ark*

17. INFORMANT (ADDRESS) *Lee Johnson*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Bend* DATE *May 12 1938*

19. UNDERTAKER (ADDRESS) *Null & Son Ruller Mo*

20. FILED *June 1 1938* *Wm M. East Registrar*

Name of operation *none* Date of _____
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 *x*
Nature of injury *h*

24. Was disease or injury in any way related to occupation of deceased? *no*
If so, specify _____
(Signed) *A. Jones*, M. D.
(Address) *Osanna Mo*

