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

REG'D AUG 26 1938

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

Do not use this space.

1. PLACE OF DEATH

County: Pemiscot — Registration District No.: 653

Township: Concord — Primary Registration District No.: 5865

City: ..... (No. ....., ... St. ..... Ward)

File No.: 26128

Registered No.: 70

2. FULL NAME: Lonnie Johnson

(a) Residence, No. ..... 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. 15 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Dec. 27 1929

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
8	6	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: school boy

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): Caruthersville Mo.

FATHER

13. NAME: James Johnson

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Miss.

MOTHER

15. MAIDEN NAME: Willie Woods

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Tutwiley Miss.

17. INFORMANT (ADDRESS): Willie Johnson Hayti Mo. R.F.D.

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Emmanuel DATE: 7-7-38

19. UNDERTAKER (ADDRESS): Ray Undertaking Co. Hayti Mo.

20. FILED: July 7 1938 J. W. Rhodes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): July 6, 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 9am. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Head injuries sustained in being hit by a car Automobile	

Other contributory causes of importance:
a skull fracture in center top of head.

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? accident Date of injury 7-6, 1938
Where did injury occur? Hayti Mo.
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
highway 61
Manner of injury being hit by a car Auto
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify .....

(Signed) Jack Kelley Coroner, M.D.
(Address) Hayti Mo.