

MO. JAN 24 1936

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

Do not use this space.

1. PLACE OF DEATH

County New Madrid
Township West
City Morehouse (No. 525)

Registration District No. 603
Primary Registration District No. 4357

File No. 43894
Registered No. 6
St. _____ Ward _____

2. FULL NAME

Lloyd Learter Johnson
(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred 9 yrs. 8 mos. 9 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 Male 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Florien Johnson
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 12, 1865
7. AGE YEARS 70 MONTHS 2 DAYS 28 If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____
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) Columbus Ky

FATHER 13. NAME Cornelius Johnson

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky

MOTHER 15. MAIDEN NAME Nancy Ann Learter

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky

17. INFORMANT wife (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE _____ DATE Feb 10, 1936

19. UNDERTAKER John T. James (ADDRESS)

20. FILED _____ 19 _____ John Parish Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 10, 1936

22. I HEREBY CERTIFY That I attended deceased from Feb 1 - 3 to Feb 10 - 3, 1936
I last saw him alive on Feb 1, 1936 Death is said to have occurred on the date stated above, at _____ m.

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

Chronic myocarditis, chronic rheumatoid arthritis, nephritis
Other contributory causes of importance: 101
Muscular Calicis

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

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 _____
(Signed) H. M. Kendig, M. D.
(Address) Keokuk, Mo.

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.

