

REC'D MAR 21 1939

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

Do not use this space.

7596

1. PLACE OF DEATH  
 County Wanda Registration District No. 135  
 Township 1 Primary Registration District No. 3034  
 City Wabasha (No. 1) St. 1 Ward 1

2. FULL NAME Edgar M. Johnson  
 (a) Residence, No. 53 St. 1 Ward 1  
 (Usual place of abode) (If nonresident, give city or town and State)

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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE Colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 23 1886

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
52 11 20

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Section Foreman

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

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 13, 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan 5, 1939, to Feb 13, 1939  
 I last saw him alive on Feb 13, 1939. Death is said to have occurred on the date stated above, at 4:40 P.M.  
 The principal cause of death and related causes of importance were as follows:

Pulmonary Tuberculosis Date of onset 1938

Other contributory causes of importance: 77

Name of operation None Date of           
 What test confirmed diagnosis? Chin? Lab? 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           
 (Signed) Max E. Kaiser, M. D.  
 (Address) Wabasha Employer Hospital Wabasha, Mo

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Keystonville Mo

FATHER  
 13. NAME Jim Johnson  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Keystonville Mo

MOTHER  
 15. MAIDEN NAME Don't know  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know

17. INFORMANT (ADDRESS) James Johnson Keystonville Mo

18. BURIAL, CREMATION, OR REMOVAL  
 PLACE Keystonville DATE Feb 15, 1939

19. UNDERTAKER (ADDRESS) John & Barrett Keystonville Mo

20. FILED Feb 15, 1939 Doris C. Camp Registrar

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

RECEIVED

District Health Officer No. 10

District File Number 10-39-426

Date Filed MAR 10 1939