REC'D AUG 11 1939

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

23790
Do not use this space.

1. PLACE OF DEATH
(a) County St Louis 1 Registration District No. 791
(b) Township 2 Primary Registration District No. 1003 Registered No. 6063
(c) City St Louis Mo (d) Street No. Missouri Pacific Hospital St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred 0 yrs. 2 mos. 13 ds. (f) How long in U. S., if of foreign birth? 75 yrs. 10 mos. 27 ds.

2. PRINT FULL NAME James Thomas Johnson 525
(a) Residence, No. 213 Stoddard Street St. N.R. Jackson, Tenn
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M
4. COLOR OR RACE W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) M

5A. IF MARRIED, WIDOWED, OR DIVORCED ~~HUSBAND OF~~ (OR) WIFE OF Mrs James Johnson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 12, 1863

7. AGE ~~76~~ YEARS 75 MONTHS 10 DAYS 27 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Yard master
9. Industry or business in which work was done, as saw mill, bank, etc. Railroad
10. Date deceased last worked at this occupation (month and year) Sept 1938
11. Total time (years) spent in this occupation 51

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jackson Tenn

FATHER
13. NAME James Thomas Johnson
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jackson, Tenn

MOTHER
15. MAIDEN NAME Rachael Hodaway
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Edinburg, Scotland

17. INFORMANT (ADDRESS) Mrs. Rachael McClintock Jackson, Tenn.

18. ~~BURIAL, CREMATION,~~ OR REMOVAL
PLACE Jackson Tenn DATE 7/9 1939

19. FUNERAL DIRECTOR (ADDRESS) Robert J. Ambrister Clayton Bd. at Concordia Lane

20. FILED JUL 10 1939 J. F. Bedick Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 8, 1939

22. I HEREBY CERTIFY, That I attended deceased from Mar 7, 1938, to July 8, 1939
I last saw him alive on July 8, 1939. Death is said to have occurred on the date stated above, at 6:30 p.m.
The principal cause of death and related causes of importance were as follows:

Carcinoma of larynx with metastasis to pharynx

Date of onset

Other contributory causes of importance:
Chronic myocarditis

Name of operation Laryngectomy Date of Nov 1938
What test confirmed diagnosis? Biopsy 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 .....
(Signed) Dean Thompson M.D.
(Address) Missouri Pacific Hospital St Louis, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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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STATEMENT BY LICENSED EMBALMER

I, Robert J. [illegible], Licensed Embalmer No. 1999

hereby certify that the body recorded on the reverse side of this certificate was embalmed by

L. E.

No. or by , Registered Apprentice No.

working under my personal supervision.

Signed Robert J. [illegible]

Licensed Embalmer No. 1994

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)