

REC'D AUG 3 1939

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

26249

Do not use this space.

1. PLACE OF DEATH

(a) County Mercer Registration District No. 556
 (b) Township Ravanna Primary Registration District No. 5751 Registered No.
 (c) City (d) Street No. St.
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

5-25 Sylvester Johnson
 (a) Residence, No. St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Gloria Johnson
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 3-1869
 7. AGE YEARS 70 MONTHS 2 DAYS 12 If LESS than 1 day, hrs. or min.
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. farmer
 9. Industry or business in which work was done, as 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) Missouri13. NAME Mart Johnson14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky.15. MAIDEN NAME Parton16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.17. INFORMANT Raymond Johnson (ADDRESS) Lucey Mo.18. BURIAL, CREMATION, OR REMOVAL PLACE Ravanna DATE July 17 193919. FUNERAL DIRECTOR Noel Moss (ADDRESS) Princeton Mo20. FILED 7/16 1939 J. M. Perry Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 15 1939

22. I HEREBY CERTIFY That I attended deceased from July 1 1939 to July 15 1939
 I last saw him alive on July 1 1939, 19... Death is said to have occurred on the date stated above, at 1:10 p. m.

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

metral resurgitation Date of onset 1928
121

Other contributory causes of importance Chronic Brights DiseaseName of operation no Date of
What test confirmed diagnosis? Phys. Lab Was there an autopsy? no23. 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) J. M. Perry, M. D.494 (Address) Princeton Mo

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.

STATEMENT BY LICENSED EMBALMER

I, Noel Mass, Licensed Embalmer No. 2634

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

..... L. E.

No. or by Registered Apprentice No.

working under my personal supervision.

Signed Noel Mass

Licensed Embalmer No. 2634

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