

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.

DEC 1 1939

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

Do not use this space.

41103

1. PLACE OF DEATH
 County Webster 2 Registration District No. 898
 Township Benton 1 Primary Registration District No. 6203
 City Fordland (No. _____) St. _____ Ward _____
 525
 2. FULL NAME James Oliver Johnson
 (a) Residence, No. _____ St. _____ Ward _____
 (Usual place of abode)
 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. (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*) widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 25 1865

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, _____ hrs. or _____ min.
74 1 23

OCCUPATION
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. retired
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. farmer
 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) Webster Co., Mo.

FATHER
 13. NAME Cyrus H. Johnson 1
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn. 1

MOTHER
 15. MAIDEN NAME Elizabeth Yandell
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn.

17. INFORMANT C. R. Johnson
 (ADDRESS) Fordland, Mo.

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Fordland Cem DATE 11-20 1939

19. UNDERTAKER Kelly - Freppell
 (ADDRESS) Fordland, Mo.

20. FILED Nov 30 1939 Lester W. Good
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 18 1939

22. I HEREBY CERTIFY, That I attended deceased from 11-1-39, to 11-18-39
 I last saw him alive on 11-18-39. Death is said to have occurred on the date stated above, at 7:05 P.M.
 The principal cause of death and related causes of importance were as follows:
Bronchial pneumonia Date of onset 11-15-39
Influenza 11W 11-7-39

Other contributory causes of importance: _____

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ 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? 3
 If so, specify _____
 (Signed) Howard T. Mason M.D.
 (Address) Fordland Mo.

