FILED APR 28 1941

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

Do not use this space.

10845

1. PLACE OF DEATH Howell Co
County County Home
Township Howell
City Rural (No. 5, 0 St. Ward)
Registration District No. 384 44
Primary Registration District No. 5535 0
File No.
Registered No.

2. FULL NAME Joseph Johnson
(a) Residence, No. County Home St., Ward. 0
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. 2 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 0
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed 2
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 12 - 1874
7. AGE YEARS 66 MONTHS 8 DAYS 2 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
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) Nebraska

FATHER
13. NAME William D Johnson
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not Known 9

MOTHER
15. MAIDEN NAME Not Known 9
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT (ADDRESS) William Johnson Fort Leeds Mo.
18. BURIAL, CREMATION, OR REMOVAL PLACE Mt Leeds Mo DATE Mch 15 41
19. UNDERTAKER (ADDRESS) None 344
20. FILED 3-15 1941 Vida N Simons Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar. 14, 1941
22. I HEREBY CERTIFY, That I attended deceased from Jan., 1941, to March 14, 1941
I last saw him alive on March 9, 1941 Death is said to have occurred on the date stated above, at 4 P. m.
The principal cause of death and related causes of importance were as follows:
Paralysis
Date of onset
Other contributory causes of importance: Not Known
Name of operation Date of
What test confirmed diagnosis? Clinical 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. 0 cfs
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. W. Bingham 0 M. D.
(Address)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS sh
CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very i

RECEIVED
...ict Health Officer No. 5;
...t File Number 441482
... Filed

828

No. 2B
2-21-40
I X 2659

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 10845

Registration District No. 384 Primary Registration District No. 5535 Registrar's No.

SUPPLEMENTARY

1. PLACE OF DEATH:
(a) County Howell
(b) ~~City or town~~ Howell T. P.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town
(If outside city or town limits write "RURAL")
(d) Street No. (If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Joseph Johnson
3. (b) If veteran name war
3. (c) Social Security No.
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced wid
6. (b) Name of husband or wife
6. (c) Age of husband, or wife, if alive years
7. Birth date of deceased (Month) (Day) (Year)

8. AGE: Years 66 Months 8 Days 2 If less than one day hr. min.

9. Birthplace (City, town, or county) (State or foreign country)
10. Usual occupation
11. Industry or business
MOTHER FATHER
12. Name
13. Birthplace (City, town, or county) (State or foreign country)
14. Maiden name
15. Birthplace (City, town, or county) (State or foreign country)
16. (a) Informant
(b) Address
17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation
18. (a) Signature of funeral director
(b) Address
19. (a) (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 14
year 1941 hour minute M.
21. I hereby certify that I attended the deceased from
, 19, to , 19;
that I last saw h alive on , 19;
and that death occurred on the date and hour stated above.

Immediate cause of death Paralysis — Duration
Cerebral Hemorrhage
Due to a fall
Due to Fall from truck
Do Not Run if truck was in Motion
Other conditions No Vellatine here now
(Include pregnancy within 3 months of death)
Major findings: Of operations No operation
Of autopsy No autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) Accident
(b) Date of occurrence About March 1, 1941
(c) Where did injury occur? Mt View (City or town) Howell (County) Mo (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Near home (Specify type of place)
While at work? Yes (e) Means of injury Fell from truck
23. Signature J. W. Bingham (M. D. ~~or other~~)
Address West Plains Mo Date signed 6/11/18.41

* Family moved away and no further information could be secured. *

1941
S-10845