

MAR 19 1936

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

Do not use this space.

5602

1. PLACE OF DEATH

County Henry Registration District No. 349
Township Springfield Primary Registration District No. 2-300
City (No.) St. Ward

File No.
Registered No. 4

2. FULL NAME

Thomas D Johnson
(a) Residence, No. St. Ward

(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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 24 187
7. AGE YEARS 63 MONTHS 7 3 DAYS 29 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Paper Hanger
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) Franklin Co Mo13. NAME Samuel Johnson14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Franklin Co Mo15. MAIDEN NAME Helen Collins16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo17. INFORMANT Mrs. Dominic Johnson18. BURIAL CREMATION, OR REMOVAL PLACE Englewood DATE 2/25/3619. UNDERTAKER Consolidated & Peck20. FILED 2-25 1936 Mo. A. A. Gray Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 25 193622. I HEREBY CERTIFY, That I attended deceased from Feb 17 1936 to Feb 23 1936I last saw him alive on Feb 23 1936. Death is said to have occurred on the date stated above, at m.

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

Pneumonia Date of onset 2/17
2 LobarOther contributory causes of importance: noneName of operation ✓ Date of 2/25/36What 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? no

If so, specify.....

(Signed) D. A. Pullan, M. D.(Address) Calhoun Mo

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.

