

MAY 21 1936

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

Do not use this space.

14954

1. PLACE OF DEATH

County

Henry

Registration District No.

349

Township

Springfield

Primary Registration District No.

2500

City

(No.)

St.

Ward)

2. FULL NAME

Wm Earl Johnson

(a) Residence, No.

St.,

Ward.

(Usual place of abode)

(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

white

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

single

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

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

Oct 13 1931

7. AGE

YEARS

4

MONTHS

76

DAYS

7

If LESS than 1 day, hrs. or min.

OCCUPATION

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

child

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

none

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)

Henry Co Mo

13. NAME

Wayne Johnson

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Henry Co Mo

15. MAIDEN NAME

Louise Williams

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Henry Co Mo

17. INFORMANT (ADDRESS)

Wayne Johnson
Clifton RR 2 mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Colham Mo

DATE

4/22

1936

19. UNDERTAKER (ADDRESS)

Condon & Beck
Clifton Mo

20. FILED

4-21-36 Mrs. A. A. Bay

Registrar

MEDICAL CERTIFICATE OF DEATH

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

April 20, 1936

22. I HEREBY CERTIFY, That I attended deceased from

Death 1931 to April 20, 1936

I last saw him alive on Mar 31, 1936 Death is said

to have occurred on the date stated above, at 11:30 a.m.

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

Congenital heart lesion - Patent foramen ovale
fatal endocarditis

Date of onset

Other contributory causes of importance:

Influenza 1870

Name of operation

What test confirmed diagnosis? Osmund 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) T. J. Gundersen, M. D.

(Address) Clifton Mo

