

AUG 19 1936

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

Do not use this space.

30420

## 1. PLACE OF DEATH

 County DeWitt County Registration District No. 258  
 Township North Washington Primary Registration District No. 3-960-A  
 City Clarksdale (No. \_\_\_\_\_) \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_

Registered No. \_\_\_\_\_

## 2. FULL NAME

John Thomas Johnson  
 (a) Residence, No. Clarksdale, Miss. Ward \_\_\_\_\_  
 (Usual place of abode)  
 Length of residence in city or town where death occurred 2 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 <u>Male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) <u>married</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Sallie E. Johnson</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Oct 28 - 1859</u>				
7. AGE	YEARS <u>83</u>	MONTHS <u>9</u>	DAYS <u>8</u>	IF LESS THAN 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>			
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.			
MOTHER	10. Date deceased last worked at this occupation (month and year) <u>7-3-35</u>		11. Total time (years) spent in this occupation <u>59</u>	
	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Kentucky</u>			
FATHER	13. NAME <u>Richard Johnson</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Thomson</u>			
	15. MAIDEN NAME <u>Sarah Stone</u>			
MOTHER	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Kentucky</u>			
	17. INFORMANT (ADDRESS) <u>Sallie E. Johnson</u> <u>Clarksdale, Miss.</u>			
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Union Chapel</u> DATE <u>Aug 4</u> 19 <u>36</u>				
19. UNDERTAKER (ADDRESS) <u>John G. Brown</u> <u>Clarksdale, Miss.</u>				
20. FILED <u>Aug 5</u> 19 <u>36</u> <u>Mrs C A Davis</u> Registrar.				

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) <u>Aug 3</u> 19 <u>36</u>
22. I HEREBY CERTIFY, That I attended deceased from <u>Aug 3</u> 19 <u>36</u> to <u>Aug 3</u> 19 <u>36</u> I last saw him alive on <u>Aug 2</u> 19 <u>36</u> Death is said to have occurred on the date stated above, at <u>3:30</u> a.m. The principal cause of death and related causes of importance were as follows: <u>Myocardial Regurgitation</u> Date of onset _____ <u>P.A.</u> Other contributory causes of importance: _____ Name of operation <u>none</u> Date of _____ What test confirmed diagnosis? <u>Chemical</u> Was there an autopsy? _____ 23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? <u>none</u> Date of injury _____, 19____ Where did injury occur? <u>none</u> (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place. Manner of injury <u>none</u> Nature of injury <u>none</u> 24. Was disease or injury in any way related to occupation of deceased? <u>No</u> If so, specify _____ (Signed) <u>D. F. T. Bigham</u> , M. D. (Address) <u>Easton, Miss.</u>

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.

