

JAN 9 1937

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

Do not use this space.

1. PLACE OF DEATH

County DeKalb Registration District No. 259
Township Camden Primary Registration District No. 7158
City Maysville (No. _____ St. _____ Ward _____)

File No. 44252

Registered No. _____

2. FULL NAME Edward H. 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

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12/8-36 1936

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

22. I HEREBY CERTIFY, That I attended deceased from Nov. 27, 1936 to Dec. 8, 1936

I last saw him alive on Dec. 8, 1936 Death is said

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 20th 1850

to have occurred on the date stated above, at 7 p. m.

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

7. AGE YEARS 86 MONTHS 7 DAYS 18 If LESS than 1 day, _____ hrs. or _____ min.

Cancer of liver

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

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 _____

Other contributory causes of importance:

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Roanoke County Va.

13. NAME Lewis Johnson

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

15. MAIDEN NAME Mary E Stout

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

17. INFORMANT (ADDRESS) John H. Clark Maysville Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Hopewell Cem DATE 12/11-36 1936

19. UNDERTAKER (ADDRESS) U. G. Pilcher Maysville Mo.

20. FILED 1-99 1937 E. J. Waters Registrar.

Date of onset

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ 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 _____, 1936

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) E. J. Waters

(Address) Maysville Mo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

