

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

Do not use this space.

APR 22 1937

1. PLACE OF DEATH

County Monroe
Township Union
City (No. _____) _____ St. _____ Ward _____

Registration District No. 580
Primary Registration District No. _____

File No. 12703

Registered No. _____

2. FULL NAME

(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 male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 7/27/1858

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
78 8 2

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) Key

FATHER 13. NAME Johnson Wilson

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

MOTHER 15. MAIDEN NAME Sarah Dail

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

17. INFORMANT Mrs. Violet Wilson
(ADDRESS) Madison, Mo. R. 2

18. BURIAL, CREMATION, OR REMOVAL PLACE Ash Center DATE 3/27

19. UNDERTAKER Fred Thompson
(ADDRESS) Madison, Mo. R. 2

20. FILED 3/25 1937 Key Fred Thompson
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3/27 1937

22. I HEREBY CERTIFY, That I attended deceased from Nov 10, 1934 to Mar 27, 1937

I last saw him alive on Mar 27, 1937. Death is said to have occurred on the date stated above, at 12:05 p.m.

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

Myocardial Regeneration of heart
Other contributory causes of importance:

Name of operation g.a. Date of _____
What 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?
If so, specify _____

(Signed) J. C. Johnson, M. D.
(Address) _____

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. INFORMATION should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

