

DEC'D JUL 15 1938

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

22592
Do not use this space.

1. PLACE OF DEATH

(a) County Pemiscot Registration District No. 653
(b) Township Braggadocio Primary Registration District No. 5871 Registered No. 49
(c) City..... (d) Street No.....
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Floyd Wilburn Johnson 525

(a) Residence, No. St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 4--5---37

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
1 1 6

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as 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) Braggadocio (STATE OR COUNTRY) Mo13. NAME Levi Johnson14. BIRTHPLACE (CITY OR TOWN) Hornersville, (STATE OR COUNTRY) MO.15. MAIDEN NAME Bulah Moody16. BIRTHPLACE (CITY OR TOWN) Dardon (STATE OR COUNTRY) Tenn.17. INFORMANT Levi Johnson (ADDRESS) Braggadocio18. BURIAL, CREMATION, OR REMOVAL PLACE Cville Ceme DATE 5/11/ 193819. FUNERAL DIRECTOR German Undertaking Co. (ADDRESS) Steele, Missouri20. FILED 6-15-38 J. W. Hodder Local Registrar. 5816

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5/10/ 1938

22. I HEREBY CERTIFY, That I attended deceased from May 9 1938 to May 10 1938
I last saw him alive on May 10 1938. Death is said to have occurred on the date stated above, at 3:30 P. m.
The principal cause of death and related causes of importance were as follows:

Colitis

Date of onset

May 7

Other contributory causes of importance:

Cerebral Meningitis May 10

Name of operation..... 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? no

If so, specify

(Signed) Asir J. Speed, M. D.(Address) Deering Mo

STATEMENT BY LICENSED EMBALMER

I, _____, Licensed Embalmer No. _____

hereby certify that the body recorded on the reverse side of this certificate was embalmed by _____

_____ L. E. _____

No. _____ or by _____, Registered Apprentice No. _____

working under my personal supervision.

Signed _____

Licensed Embalmer No. _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)