

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

Do not use this space.

41889

JAN 4 1935

1. PLACE OF DEATH

County Lewis
Township Center
City Center (No.)

Registration District No. 34
Primary Registration District No. 6239

File No.
Registered No. 26
St. Ward)

2. FULL NAME

Thomas Green 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 39 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) widowed
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 16 - 1863
7. AGE YEARS 81 MONTHS 9 DAYS 29 If LESS than 1 day, hrs. or min.

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) 12-6-34 11. Total time (years) spent in this occupation 103

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wentzville Ark

13. NAME Martin Johnson

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

15. MAIDEN NAME Sarah Bailey

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

17. INFORMANT (ADDRESS) Wentzville, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Maplewood DATE 12-11-34

19. UNDERTAKER (ADDRESS) San Pleasant

20. FILED Dec. 17 - 1934 W. P. Searcy Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 15 - 1934
22. I HEREBY CERTIFY, That I attended deceased from 12-12, 1934, to 12-15, 1934
I last saw h.i.m. alive on 12-15, 1934. Death is said to have occurred on the date stated above, at 4:30 P. m.
The principal cause of death and related causes of importance were as follows:

Chronic glomerular nephritis 1933
Uremia 12-6-34
Other contributory causes of importance
Chronic myocarditis
Arteriosclerosis

Name of operation none Date of
What test confirmed diagnosis: Clinical 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? no
If so, specify
(Signed) R. J. Taylor, M. D.
(Address) Exeter, Missouri

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. OCCUPATION is very important. CAUSE OF DEATH in plain terms, so that it may be properly classified.

