

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

Do not use this space.

JAN 9 1935

40437

1. PLACE OF DEATH
 County Ray Registration District No. 744
 Township Johnson Primary Registration District No. 3035
 City Helmond St. _____ Ward _____

2. FULL NAME Mr. Charles Johnson
 (a) Residence, No. _____ Ward _____
 (Usual place of abode) Helmond Mo. (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 (or all the word) Single
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Single
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 2, 1864
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
70 9 21
 OCCUPATION
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired
 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) Green County, Indiana
 MOTHER / FATHER
 13. NAME Nelson Johnson
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Deer Park, Indiana
 15. MAIDEN NAME Jane Sawyer
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Green County, Indiana
 17. INFORMANT Mr. Ralph Ballard
 (ADDRESS) Helmond Mo.
 18. BURIAL, CREMATION, OR REMOVAL
 PLACE Green County DATE November 3, 1934
 19. UNDERTAKER Dr. W. M. Mearns
 (ADDRESS) Helmond Mo.
 20. FILED 1-9 19 35 E. E. Day Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) November 3, 1934
 I HEREBY CERTIFY, That I attended deceased from Nov. 3, 1934 to Nov 3, 1934
 I last saw him alive on Nov 3, 1934. Death is said to have occurred on the date stated above, at 10:00 a.m.
 The principal cause of death and related causes of importance were as follows:
Arterio-sclerosis
Chronic myocarditis
atherosclerosis
 Other contributory causes of importance _____
 Name of operation _____ Date of _____
 What test confirmed diagnosis? Yes 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? _____
 If so, specify _____
 (Signed) W. M. Mearns, M. D.
 (Address) Helmond Mo.

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.

THIS IS A PERMANENT RECORD

