

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

Do not use this space.

**1. PLACE OF DEATH**

County Boonville  
Township Liberty  
City..... (No. ....) St. .... Ward)

Registration District No. 853  
Primary Registration District No. 6117

File No. 3678  
Registered No. 2

**2. FULL NAME**

London Earl Johnson

(a) Residence. No. .... St. .... Ward. ....  
(Usual place of abode)

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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 14 1934

17. I HEREBY CERTIFY, That I attended deceased from May 7 1933, to Jan 14 1934  
that I last saw him alive on Jan 14 1934, and that death occurred, on the date stated above, at 12:50 P. M.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Chronic valvular disease of heart

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) March 27 1884

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
84 9 18

(duration) yrs. mos. ds.

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work Farmer  
(b) General nature of industry, business, or establishment in which employed (or employer).....  
(c) Name of employer.....

CONTRIBUTORY (SECONDARY) 92A (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED.....

IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH..... DATE OF.....

WAS THERE AN AUTOPSY? Yes

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) U S Bradley, M. D.

, 19 (Address) Harris Mo

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Camp Grand DATE OF BURIAL 19

20. UNDERTAKER H. J. Martin ADDRESS Harris Mo

14. INFORMANT Floyd Johnson  
(Address) V. Edward Mc

15. FILED 1-14 1934 Queth Henderson REGISTRAR

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

EB 27 1934

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