

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

Do not use this space.

35004

1. PLACE OF DEATH **Sept 29 1935**
 County Wright Registration District No. 907
 Township Peace Valley Primary Registration District No. 6220
 City Manfield (No. _____) St. _____ Ward _____

2. FULL NAME Elijah A 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 yrs. 5 mos. 10 ds. How long in U. S., if of foreign birth? yrs. _____ mos. _____ ds. _____

File No. _____
 Registered No. 20
 St. _____ Ward _____

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar. 4, 1847

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, _____ hrs. or _____ min.
	<u>88</u>	<u>7</u>	<u>2</u>	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

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) Tennessee

13. NAME Harvey Weston

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

15. MAIDEN NAME Not known

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

17. INFORMANT (ADDRESS) Edward Johnson
Manfield Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Galt Mo DATE _____ 19____

19. UNDERTAKER (ADDRESS) F. C. Cliffe
Manfield Mo.

20. FILED Oct 10 1935 J. M. D. Short
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 6, 1935

22. I HEREBY CERTIFY, That I attended deceased from my, 1935, to Oct 5, 1935
 I last saw her alive on Oct 5, 1935 Death is said to have occurred on the date stated above, at 5 A.M.
 The principal cause of death and related causes of importance were as follows:

Apoplexy (cerebral)
92nd
 Other contributory causes of importance:
Chronic Valvular Heart Disease

Name of operation None 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) D. W. Zimmerman, M. D.
 (Address) Manfield Mo.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

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