

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.

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

Do not use this space.

32006

1. PLACE OF DEATH

County Butler

Registration District No. 89

Township

Primary Registration District No. 3007

City Poplar Bluff

(No. _____)

St. _____

Ward _____

2. FULL NAME Conner L. Johnson

(a) Residence, No. 720 Reynolds St., _____ Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds.

How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>female</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Gustaff Johnson</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Sept. 5, 1853</u>		
7. AGE YEARS <u>82</u>	MONTHS <u>1</u>	DAYS <u>22</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Retired house-work</u>		
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) Tenn.

13. NAME Coleman Shelton

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) West Virginia

15. MAIDEN NAME Lizzie Pollock

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

17. INFORMANT Bill Johnson (ADDRESS) 720 Reynolds St. Poplar Bluff

18. BURIAL, CREMATION, OR REMOVAL—PLACE City cemetery DATE Oct. 28, 1935

19. UNDERTAKER Greer Funeral Service (ADDRESS) Poplar Bluff, Missouri

20. FILED 10-27-35 Official Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 27, 1935

22. I HEREBY CERTIFY, That I attended deceased from Oct 1, 1935, to Oct 27, 1935

I last saw him alive on Oct 27, 1935. Death is said

to have occurred on the date stated above, at 12:35 A.M.

The principal cause of death and related causes of importance were as follows:

Date of onset

Chronic Intestitis 1 day

Other contributory causes of importance:

Chronic Bronchitis 8 years

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.

24. Was disease or injury in any way related to occupation of deceased?

If so, specify _____

(Signed) Alfred R. Jones M. D.

(Address) Poplar Bluff, Mo