

Johnson, Golden Allen

1983938_0001216

PLEASE WRITE PLAINLY WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the cause of death clearly and legibly.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

WEST VIRGINIA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS
CERTIFICATE OF DEATH

15704

P. D. VS-002 (6-1-45)

Dist. No. 100 Serial No. 539

1. Place of Death: Fayette
Res. (a) County Fayette
(b) Magisterial District Falls
(c) City or town Yamaca WVA
Yes. (d) Address _____
(Street address, hospital, or institution)
(e) Length of stay in hospital or inst. (yrs., mos., or days) 17
S.S.No. (f) Length of stay in this community (yrs., mos., or days)

2. Home (Usual Residence) of Deceased:
(a) State WVA (b) County Fayette
(c) City or town Yamaca
(d) Street No. _____
(If rural give location)
(e) If foreign born, how long in U. S. A. _____ years.

3 (a) Full Name Golden Allen Johnson
Sex 3 (b) If veteran, name war _____ No. _____
3 (c) Social Security No. _____

4. Sex Male 5. Color of face white 6 (a) Single, married, widowed or divorced. Married
6 (b) Name of husband or wife. Patti Johnson
6 (c) If alive, give age. 52 years

MEDICAL CERTIFICATION
20. Date of death Dec 22 19 46 at _____ M.

21. I certify that death occurred on the date above stated; that I attended deceased from _____ 19 _____ to _____ 19 _____ and that I last saw him alive on _____

7. Birth date of deceased (mo., day, yr.) May 27 1888
8. Age Years 59 Months _____ Days _____ If less than one day hr. _____ min. _____

Immediate cause of death Crush chest
Due to 4 legs
Duration 1700

9. Birthplace Nicholas Co WVA
10. Usual occupation None
11. Industry or business _____

Due to Internal injuries
Other conditions _____
(Include pregnancy within 3 months of death)

12. Name David Johnson
13. Birthplace WVA
14. Maiden Name Ravina Wade
15. Birthplace WVA

Major findings: _____
Of operations: _____
Of autopsy: _____
PHYSICIAN
Underline the cause to which death should be charged statistically.

16 (a) Informant's signature Sherman Johnson
(b) Address Yamaca WVA

22. If external causes contributed to the death fill in the following:
(a) Accident, suicide, or homicide _____
(b) Date of occurrence 12/27/46

17 (a) Burial (b) Date thereof 12/26/46
(c) Cemetery or crematory Location Yamaca WVA

(c) Where did injury occur _____
(City or town) _____ (County) _____ (State) _____
(d) Did injury occur about home, on farm, industrial place, in public place? _____ While at work? No

18 (a) Funeral director (signature) B. B. Propper
(b) Address Montgomery WVA
Ft. Dir. License No. 368 Embalmers No. 272

(e) Means of injury Struck by auto
23. Signature Chris Stallard
M. D. or other _____
Address Montgomery Date signed 12/22/46

19. Filed Jan 6 1947 S. J. Miller Registrar.