5 AUG 6 1927

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

Do not use this space.

21014

1. PLACE OF DEATH
County Cole
Township
City Jefferson (No. St. Ward)

Registration District No. 213-
Primary Registration District No. 3014-

File No.
Registered No. 185-

2. FULL NAME Leslie Johnson
(a) Residence. No. 617 E Dunklin Ave Ward.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred 44 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: Colored
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Married

5a. IF MARRIED, ~~WIDOWED, OR DIVORCED~~ HUSBAND OF (OR) WIFE OF Anna Hines

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec 7-1882

7. AGE: Years 44 | Months 6 | Days 6 | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Piano Tuner
(b) General nature of industry, business, or establishment in which employed (or employer) Self
(c) Name of employer Jefferson City

9. BIRTHPLACE (CITY OR TOWN) Jefferson City
(STATE OR COUNTRY) Mo

PARENTS

10. NAME OF FATHER Phil Johnson
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Mo
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER Dk
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Dk
(STATE OR COUNTRY)

14. INFORMANT Mrs Anna Johnson
(Address) 617 E Dunklin Ave

15. FILED 7/16 19 27 P. V. Bedford REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 13 1927

17. I HEREBY CERTIFY, That I attended deceased from June 16, 1927, to July 13 1927 that I last saw h. alive on July 12 1927, and that death occurred, on the date stated above, at 12 m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Abscess of lung
Hist Pneu (duration) yrs. mos. 12 ds.
CONTRIBUTORY (SECONDARY) Pneumonia
Lobar (duration) yrs. mos. 12 ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? No ~~DATE OF~~
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Clinical
(Signed) Edwin Meessen, M. D
July 16 1927 (Address) Jefferson City 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: City Cem. DATE OF BURIAL: July 16 27

20. UNDERTAKER: Dawson Turner ADDRESS: Jefferson City 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.