

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

Do not use this space.

27430

1. PLACE OF DEATH
 County Jackson Registration District No. 399 File No. 8-358
 Township Starr Primary Registration District No. 1007 Registered No. 8-358
 City Kennett City (No. Wheatley Hospital) St. _____ Ward _____

2. FULL NAME Ned H. Johnson
 (a) Residence. No. Cement City 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. — mos. 1 da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

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

5A. If MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Roberta Johnson

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan. 14 1888

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
39 | 8 | 12 | _____

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work Day Laborer
 (b) General nature of industry, business, or establishment in which employed (or employer) _____
 (c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) Birmingham
 (STATE OR COUNTRY) Ala

10. NAME OF FATHER unknown

11. BIRTHPLACE OF FATHER (CITY OR TOWN) _____
 (STATE OR COUNTRY) unknown

12. MAIDEN NAME OF MOTHER unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) _____
 (STATE OR COUNTRY) unknown

14. INFORMANT Roberta Johnson
 (Address) Cement City Mo

15. FILED 9/28/27 M. M. Crowe
 19____ REGISTRAR Asst

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 9-26-1927

17. Deputy Coroner
 I HEREBY CERTIFY That I attended deceased from _____, 19____, to _____, 19____, and that I last saw him alive on _____, 19____, and that death occurred, on the date stated above, at _____.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Homicide - Firearms
17.3
 _____ (duration) yrs. mos. da.

CONTRIBUTORY (SECONDARY) 1917
 _____ (duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED _____
 IF NOT AT PLACE OF DEATH _____

8 DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____
 WAS THERE AN AUTOPSY? _____

WHAT TEST CONFIRMED DIAGNOSIS? Autopsy
 (Signed) D. W. Crowe, M. D.
9/26/27, 19____ (Address) Deputy Coroner

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 Hoodlawn Cem. DATE OF BURIAL 9/29-1927

20. UNDERTAKER W. L. Bowler ADDRESS Independence 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.

WRITE IN PLAIN, WITH UNFADING INK—THIS IS A PERMANENT RECORD

