

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

Do not use this space.

35997

JAN 17 1927

PLACE OF DEATH
 County T. Buchanan Registration District No. 85
 Township St. Joseph Primary Registration District No. 1001
 City St. Joseph (No.) St. Ward) (Ward)
2. FULL NAME Nathaniel Alonzo Johnson
 (a) Residence. No. 2418 Walnut St., Ward.
 (Usual place of abode) (If nonresident give city or town and State)
 Length of residence in city or town where death occurred 21 yrs. 0 mos. 0 da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE white 5. ~~SINGLE~~ MARRIED, WIDOWED OR DIVORCED married
 (write the word)
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Belle Johnson
 6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov 1 - 1854
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
73 1 3 45
 8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work Drug Store Prop
 (b) General nature of industry, business, or establishment in which employed (or employer) Drugs
 (c) Name of employer Employee

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Boyer Missouri
PARENTS
 10. NAME OF FATHER John F. Johnson
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Dora Co Illinois
 12. MAIDEN NAME OF MOTHER Sarah Smith
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Unknown Kentucky

14. INFORMANT (A.D.S.) E. J. Johnson
St Joseph Mo
 15. FILED 6 19 27
John A. White REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 12/4 19 27
 17. I HEREBY CERTIFY, That I attended deceased from 19 June 1927 to 3 Dec 1927
 that I last saw him alive on Dec 3 1927, and that death occurred, on the date stated above, at 12 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cerebral Hemorrhage
77A
97 1 / 4 W (duration) yrs. mos. da.
 CONTRIBUTORY Atherosclerosis (SECONDARY)
 (duration) yrs. mos. da.

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? none
 (Signed) Frank K. ... M. D.
Dec 6, 1927 (Address) St Joseph 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 Memorial Park Bur DATE OF BURIAL 12/6 1927
 20. UNDERTAKER Steeleman Funeral Home ADDRESS 1208 Francis

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.

