

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

Do not use this space.

**1. PLACE OF DEATH**

County Jackson  
Township Laur  
City Kansas City (No. 3606 Meyer Blvd)

Registration District No. 399  
Primary Registration District No. 1

File No. 24033  
Registered No. 77  
St. W. 8th Ward

**2. FULL NAME**

Guy H. Johnson  
(a) Residence, No. 3606 Meyer Blvd, St. W. 8th Ward.

(Usual place of abode) (If nonresident give city or town and State)  
Length of residence in city or town where death occurred 12 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**

White

**5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)**

Married

**5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF**

Minnie M. Johnson

**6. DATE OF BIRTH (MONTH, DAY AND YEAR)**

July 14, 1891

**7. AGE**

YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
<u>37</u>		<u>10</u>	

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work

Auto Mechanic

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

Kelly Reppert Motors

**9. BIRTHPLACE (CITY OR TOWN)**

(STATE OR COUNTRY)

Missouri

**10. NAME OF FATHER**

H. A. Johnson

**11. BIRTHPLACE OF FATHER (CITY OR TOWN)**

(STATE OR COUNTRY)

New York

**12. MAIDEN NAME OF MOTHER**

Virginia C. Jones

**13. BIRTHPLACE OF MOTHER (CITY OR TOWN)**

(STATE OR COUNTRY)

Iowa

**14.**

INFORMANT

(Address)

Minnie Johnson  
3606 Meyer Blvd

**15.**

FILED

7/24/28  
M. W. Crowe  
ussh REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

**16. DATE OF DEATH (MONTH, DAY AND YEAR)**

July 24, 1928

**17.**

HEREBY CERTIFY That I attended deceased from Dec 24, 1927 to July 24, 1928  
that I last saw him alive on 7-24-28, 1928, and that death occurred, on the date stated above, at 3 a. m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Myocardial Malignant  
tumor of brain right  
front lobe lob down  
530 (duration) yrs. mos. ds.

**CONTRIBUTORY (SECONDARY)**

(duration) yrs. mos. ds.

**WHERE WAS DISEASE CONTRACTED**

no data

**IF NOT AT PLACE OF DEATH**

**DID AN OPERATION PRECEDE DEATH**

no DATE OF 7-24-28

**WAS THERE AN AUTOPSY?**

yes

**WHAT TEST CONFIRMED DIAGNOSIS?**

macroscopic

(Signed) J. L. Lamb, M. D.

24 (Address) 325 Bryant St

\*State the DISEASE CAUSING DEATH, or its 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**

**DATE OF BURIAL**

Westward Missouri 7-25 1928

**20. UNDERTAKER**

**ADDRESS**

Mrs C. L. Foster F. C. 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 FULLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

J. J. Lang