WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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.

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

Do not use this space.

41083

File No.

Registered No. 5461

399

Registration District No.

Primary Registration District No. 1002

1. PLACE OF DEATH

County: Jackson

Township: Kans.

City: K.C. Mo (No. Old City Hospital St. Ward)

2. FULL NAME: James Johnson.

(a) Residence. No. 1902 Paseo St., F. 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. 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): Widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): June 2, 1877

7. AGE: Years 51 | Months 6 | Days 13 | If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

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

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

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN): Fayette
(STATE OR COUNTRY): Missouri

PARENTS

10. NAME OF FATHER: Chas. Johnson

11. BIRTHPLACE OF FATHER (CITY OR TOWN): Fayette
(STATE OR COUNTRY): Mo.

12. MAIDEN NAME OF MOTHER: Annie Bershears

13. BIRTHPLACE OF MOTHER (CITY OR TOWN): Fayette
(STATE OR COUNTRY): Mo.

14. INFORMANT: Chas. Johnson
(Address): 1902 Paseo

15. FILED 12/27, 1928 M. M. Crane REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): 12/22 1928

17. I HEREBY CERTIFY, That I attended deceased from December 2, 1928, to Dec. 22, 1928, that I last saw him alive on December 12, 1928, and that death occurred, on the date stated above, at 2:30 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cardiac Decompensation.

(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY)

(duration) yrs. mos. 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?

12/23, 1928 (Signed) H. M. Smith, M. D.
(Address) Old City Hosp.

*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: Blue Ridge Lawn

DATE OF BURIAL: 12/27 1928

20. UNDERTAKER: Hatkins Bros

ADDRESS: 1729 Hydes