

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

Do not use this space.
27780 3471
File No.
Registered No.
St. Ward

1. PLACE OF DEATH
County Jackson Registration District No. 399
Township 1st Primary Registration District No. 1007
City 1st Mo (No. Old City Hospital)
2. FULL NAME Johnson, Urban S
(a) Residence. No. 1400 Cypress St. 12 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. da. How long in U.S., if of foreign birth? yrs. mos. da.

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) (Miss) Patsy Johnson
6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 3, 1863
7. AGE YEARS MONTHS DAYS 106 + 10 0 0
IF LESS than 1 day, hrs. or min.
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work. Labour
(b) General nature of industry, business, or establishment in which employed (or employer).
(c) Name of employer.

9. BIRTHPLACE (CITY OR TOWN) Mo
(STATE OR COUNTRY)
10. NAME OF FATHER Robert Johnson
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Unknown
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER Patsy Johnson
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Unknown
(STATE OR COUNTRY)

14. INFORMANT Reverend Clerk
(Address) Blue Ridge Ave
15. FILED 8/14/29 M. M. Crowe
asst. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug 18 19 29
17. I HEREBY CERTIFY, That I attended deceased from Aug 5 1929 to Aug 18 1929
that I last saw h. alive on Aug 18 1929 and that death occurred, on the date stated above, at 3:38 p.m.

THE CAUSE OF DEATH WAS AS FOLLOWS
Accidental Injury
(duration) yrs. mos. da.
CONTRIBUTORY (SECONDARY) +
(duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH
DID AN OPERATION PRECED DEATH? Yes DATE OF
WAS THERE AN AUTOPSY? Yes
WHAT TEST CONFIRMED DIAGNOSIS? Blurred Lab Test
(Signed) W. South M. D.
8/14/29 (Address) Blue Ridge Ave
*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 Ave DATE OF BURIAL Aug 17 1929
20. UNDERTAKER W. Hatcher ADDRESS 1520 1/2 St

WRITE PAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

K. 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.

