WHITE 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.

12711

1. PLACE OF DEATH U.S.V.Hosp.
County Jackson — Registration District No. 399 — File No. 1638
Township Raw — Primary Registration District No. — Registered No.
City Kansas City, Mo. (No. U.S. Veterans Hospt St. Ward)

2. FULL NAME JOHNSON, George Sumner C-1 212 834 SPBW
(a) Residence. No. Albion, Nebraska St., Ward. Wag 9th Engrs.
(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: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word): Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 22, 1899

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
30	9	21	

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

9. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY) Nebraska

PARENTS
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 Hospital Records.
(Address) U. S. Veterans Hospt

15. FILED 4/14 19 30 M. M. Crowe Assn REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 13 1930

17. I HEREBY CERTIFY, That I attended deceased from August 29, 19 29 to April 13, 19 30 that I last saw him alive on April 13, 19 30 and that death occurred, on the date stated above, at 5:57 A.M. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Myelitis transverse

81A

Unknown (duration) yrs. mos. ds.

CONTRIBUTOR (SECONDARY) 73A

(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH Unknown
DID AN OPERATION PRECEDE DEATH? No DATE OF
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Neurological

R.C.A. (Signed) W. E. Chambers M. D.
W.E.CHAMBERS, Medical Officer in Charge
U.S.V.Hospital, Kansas City, 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: Hickman Nebr — DATE OF BURIAL: 4/14 1930

20. UNDERTAKER: Mellody McGilley — ADDRESS: KC Mo

JUN 27 1945