

NOV 24 1930

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

Do not use this space.

32767

1. PLACE OF DEATH  
County **JACKSON**

Registration District No. **398**

File No. \_\_\_\_\_  
Registered No. **330**

Township **BLUE**  
City **INDEPENDENCE**

Primary Registration District No. **3019**  
(No. **FRIDERICHSEN FLOOR & WALL TILE CO.**)

St. **E. KANSAS ST.** Ward \_\_\_\_\_

2. FULL NAME **JASPER JEWELL JOHNSON**

(a) Residence. No. ~~XXX~~ **404 S. HOCKER,** St. \_\_\_\_\_ Ward \_\_\_\_\_

(Usual place of abode) (If nonresident, give city or town and State)  
Length of residence in city or town where death occurred **25** 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 ~~MISSISSIPPI~~ **BLANCHE LUCILE JOHNSON**

6. DATE OF BIRTH (MONTH, DAY AND YEAR) **3-1-1905**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
**25 7 28**

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work **PRESSMAN**  
(b) General nature of industry, business, or establishment in which employed (or employer) **TILE MANF.**  
(c) Name of employer **FRIDERICHSEN FLOOR & WALL TILE CO.**

9. BIRTHPLACE (CITY OR TOWN) **VAN BUREN TOWNSHIP**  
(STATE OR COUNTRY) **MISSOURI**

10. NAME OF FATHER **NATHAN JOHNSON**  
**NEAR LITTLE BLUE**  
11. BIRTHPLACE OF FATHER (CITY OR TOWN) **MISSOURI**  
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER **MARY E. STOKES.**

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) **KNOXVILLE**  
(STATE OR COUNTRY) **TENN.**

14. INFORMANT **MRS. BLANCHE LUCILE JOHNSON**  
(Address) **404 S. HOCKER.**

15. FILED **10-30-30** **J. D. Cook**  
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) **OCT. 29, 1930** 19

17. I HEREBY CERTIFY, that I attended deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, and that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred, on the date stated above, at \_\_\_\_\_ **7:00 A. m.**

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

**Cardiac Disturbance**  
**9 yr. / 10 min.**

(duration) yrs. mos. ds.  
CONTRIBUTORY (SECONDARY) **Hypertrophy**  
(duration) yrs. mos. ds.

WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH \_\_\_\_\_

8. DID AN OPERATION PRECEDE DEATH? \_\_\_\_\_ DATE OF \_\_\_\_\_

9. WAS THERE AN AUTOPSY? **Yes**

WHAT TEST CONFIRMED DIAGNOSIS \_\_\_\_\_

(Signed) **Stephens**, M. D.

**10/30, 1930** (Address) **Indep - 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 **ODESSA, MISSOURI** DATE OF BURIAL **OCT. 31 1930**

20. UNDERTAKER **STAHL'S FUNERAL HOME** ADDRESS **INDEP. MO.**

N. B. ... carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH as definitely as possible, so that it may be properly classified. Exact statement of OCCUPATION is very important.

... may be properly ...  
... E about the state ...  
... OCC ...

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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

**1. PLACE OF DEATH**

County Jackson

Registration District No. 398

File No. ....

Township .....

Primary Registration District No. 3019

Registered No. ....

City Julesburg (No. ....)

St. .... Ward

**2. FULL NAME**

(a) Residence. No. Jasper Jewell Johnson St. .... Ward. ....

(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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) M

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

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.

**8. OCCUPATION OF DECEASED**

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

(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)

10. NAME OF FATHER

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

14.

INFORMANT (Address)

15.

FILED 10/29/30 F. L. Cook REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct 29 1930

I HEREBY CERTIFY That I attended deceased from ..... 19..... to ..... 19..... that I last saw him ..... alive on ..... 19....., and that death occurred, on the date stated above, at .....

THE CAUSE OF DEATH WAS AS FOLLOWS:

Cardiac Dilatation acute

CONTEMPORARY (duration) yrs. mos. ds. Hypertrophic Cardiac

18. WHERE WAS DISEASE CONTRACTED (duration) yrs. mos. ds.

IF NOT AT PLACE OF DEATH, .....

DID AN OPERATION PRECEDE DEATH? DATE OF .....

WAS THERE AN AUTOPSY? .....

WHAT TEST CONFIRMED DIAGNOSIS? .....

(Signed) ..... M. D.

, 19 (Address) .....

\*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 DATE OF BURIAL

19

20. UNDERTAKER ADDRESS

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain English. Exact statement of OCCUPATION is very important. REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW

SUPPLEMENTARY

S-32767