

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

Do not use this space.

**33005**

**1. PLACE OF DEATH**

County Jackson Registration District No. 399  
Township Raw Primary Registration District No. 1  
City Kansas City (No. 3227 Michigan) St. Mo. (Ward)

File No. \_\_\_\_\_  
Registered No. 1235  
St. 1305 (Ward)

**2. FULL NAME**

Frederick Wm Johnston  
(a) Residence. No. 3227 Michigan St., 13 Ward.  
(Usual place of abode) (If nonresident, give city or town and State)  
Length of residence in city or town where death occurred yrs. 15 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 married  
*(write the word)*

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mrs Hattie Coff Johnston

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct 6 - 1866

7. AGE YEARS MONTHS DAYS If LESS than 1 day, .....hrs. or .....min.  
64 0 12

8. OCCUPATION OF DECEASED Retired Hotel Business  
(a) Trade, profession, or particular kind of work. Mr Farland  
(b) General nature of industry, business, or establishment in which employed (or employer). Rest.  
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Cascade Iowa  
(STATE OR COUNTRY)

10. NAME OF FATHER Jno Henry Johnston  
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Wellsburg  
(STATE OR COUNTRY) West Virginia  
12. MAIDEN NAME OF MOTHER Bessie Simmons  
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Near Monticello  
(STATE OR COUNTRY) Linn County Iowa

14. INFORMANT Mrs Hattie Johnston  
(Address) 3227 Michigan

15. FILED 10/19, 1930 M. M. Crowe REGISTRAR

**2 MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Saturday Oct 18 1930

17. I HEREBY CERTIFY, That I attended deceased from Oct 12, 1930, to Oct 18, 1930, that I last saw him alive on Oct 18, 1930, and that death occurred, on the date stated above, at 9 P. m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Coronary occlusion  
94B  
97  
(duration) ..... yrs. .... mos. 7 ds.

CONTRIBUTORY Arteriosclerosis  
(SECONDARY) (duration) 7 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  
(Signed) H. A. Freyfogel, M. D.

10-19-1930 (Address) 818 Medical Bldg

\*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 Holton Mo. DATE OF BURIAL Oct 20 1930

20. UNDERTAKER Elyar Funeral Home ADDRESS 1809 Lincoln

