

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

Do not use this space.

18016

**1. PLACE OF DEATH**

County Jackson Registration District No. 399  
 Township Stau Primary Registration District No. 1002  
 City Kansas City (No. 613 Cottage Lane)

File No. \_\_\_\_\_  
 Registered No. 2157  
 St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Eugene Kenneth Johnson  
 (a) Residence. No. 613 Cottage Lane Ward. \_\_\_\_\_  
 (Usual place of abode)  
 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. (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <u>Male</u>	4. COLOR OR RACE <u>Col</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Single</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF				
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>Nov. 7 1929</u>				
7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>2</u>	<u>2</u>	<u>3</u>	
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work. <u>None.</u> (b) General nature of industry, business, or establishment in which employed (or employer). (c) Name of employer				

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) 5/10 1931

17.  **HEREBY CERTIFY**, That I attended deceased from May 9, 1931, to May 9, 1931, that I last saw him alive on May 9, 1931, and that death occurred, on the date stated above, at 12:25 a.m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Lateral sinus thrombosis  
 (duration) yrs. mos. ds.  
 CONTRIBUTORY Acute suppurative mastoiditis (left) (duration) yrs. mos. ds.

**18. WHERE WAS DISEASE CONTRACTED**

IF NOT PLACE OF DEATH unknown  
 DID AN OPERATION PRECEDE DEATH? no DATE OF none  
 WAS THERE AN AUTOPSY? no  
 WHAT TEST CONFIRMED DIAGNOSIS? Physical, clinical  
 (Signed) R. E. Welchairs, M.D., M. D.  
7/11, 1931 (Address) 1213 Cass.

\*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.

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

10. NAME OF FATHER Chas. Johnson

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

12. MAIDEN NAME OF MOTHER Leona Lane

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Texas  
 (STATE OR COUNTRY)

14. INFORMANT Thomas Johnson  
 (Address) 613 Cottage Lane

15. FILED 5/12 1931 M. W. Crowe  
 REGISTRAR

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Highland Cem. DATE OF BURIAL 5/12 1931

20. UNDERTAKER Holmes & Bonnell Co. ADDRESS 1729 Lyda

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.

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

L. E. Williams