

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

Do not use this space.

24540

1. PLACE OF DEATH

County Clay
Township Fishing River
City Excelsior Springs, Mo.

Registration District No. 198
Primary Registration District No. 3611
U.S.V. Hospital

File No. _____
Registered No. 97
St. 3rd Ward

2. FULL NAME JOHNSON, John J.

(a) Residence. No. U.S.V.H. Excelsior Springs, Mo. Ward 473 S.E. 2nd St., Des Moines, Iowa
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. mos. 26 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

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

Mae Johnson

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 19, 1865

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
66 1 11

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work hotel porter
(b) General nature of industry, business, or establishment in which employed (or employer) hotel
(c) Name of employer unknown

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

10. NAME OF FATHER Anderson Johnson
Missouri

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

12. MAIDEN NAME OF MOTHER Charlotte - maiden name unknown

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

14. Informant Hospital Records, U. S. V. Hospital
(Address) Excelsior Springs, Mo.

15. FILED 7/2 19 31 J. O. Craven
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 1, 1931 19

17. I HEREBY CERTIFY, That I attended deceased from June 5, 1931 19 to July 1, 1931 19
that I last saw him alive on July 1, 1931 19 and that death occurred, on the date stated above, at 7:00 a.m. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cerebral Embolism

72A
930
82B
72A
930
82B
(duration) yrs. mos. ds.
CONTRIBUTORY Mitral disease and myocarditis
(SECONDARY)
unknown (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH unknown

19. DID AN OPERATION PRECEDE DEATH? no. DATE OF _____

WAS THERE AN AUTOPSY? _____

WHAT TEST CONFIRMED DIAGNOSIS Exam. & obs.
(Signed) [Signature] M. D.
U.S.V.H. Excelsior Springs, Mo.
, 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

Clemwood 7-3 1931

20. UNDERTAKER ADDRESS Herbert Hope
Excelsior Springs, Mo.

WRITE 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.

AUG 25 1931

