Be-3883

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

Do not use this space.

File No. 1085
Registered No. 123

1. PLACE OF DEATH
County: Jackson
Township: Kansas
City: K.C. Mo. (No. Belleau Woods, St. Ward)
Registration District No. 399
Primary Registration District No. 1002

2. FULL NAME: Leonard Johnson
(a) Residence. No. 4111-E-6th St., 10 Ward.
(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: M
4. COLOR OR RACE: W.
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): June 12-1894

7. AGE: Years 37 Months 6 Days 29 If LESS than 1 day, ...hrs. or ....min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Packing
(b) General nature of industry, business, or establishment in which employed (or employer): Plant
(c) Name of employer: 1941

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Mo

PARENTS
10. NAME OF FATHER: Henry Johnson
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Va
12. MAIDEN NAME OF MOTHER: Viola Smith
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Mo

14. INFORMANT: Mrs. Ina Johnson
(Address): 4111-E-6th St

15. FILED Jan 13 1932 M. M. Crowe REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Jan 11 1932

17. I HEREBY CERTIFY, That I attended deceased from October 6, 1931, to January 11, 1932 that I last saw him alive on January 11, 1932, and that death occurred, on the date stated above, at 12:30 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cardiac failure, Postoperative
186 (duration) 4 yrs. mos. ds.
CONTRIBUTORY (SECONDARY) Paralysis, from cord pressure, old injury 4th lumbar vertebra
four months (duration) 4 yrs. mos. ds.
Acc fall on ice Mar 1936

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH? yes DATE OF January 11, 1932
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? X ray & operative findings
(Signed) James R. Elliott, M. D.
1/12, 1932 (Address) 1332 Professional 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: Memorial Pk
DATE OF BURIAL: Jan 13 1932
20. UNDERTAKER: Rose & Henderson
ADDRESS: City