

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

Do not use this space

8704

**1. PLACE OF DEATH**

County Jackson  
Township Kaw  
City Kansas City (No. 17 East 24th)

Registration District No. 320  
Primary Registration District No. 1002

File No. 1292  
Registered No. \_\_\_\_\_  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

(a) Residence, No. 17 E 24 St., 3 Ward.

(Usual place of abode)  
Length of residence in city or town where death occurred 20 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 OR (OR) WIFE OF Jennie E. Johnson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jun 8 - 1857

7. AGE YEARS MONTHS DAYS If LESS than 1 day, .....hrs. or .....min.  
74 9 19

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Postal Clerk

10. Date deceased last worked at this occupation (month and year) Oct. 1937 11. Total time (years) spent in this occupation 14

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

13. NAME Joseph Johnson

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New York

15. MAIDEN NAME Sarah Musto

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New York

17. INFORMANT (ADDRESS) Jennie E. Johnson  
17 E 24

18. BURIAL, CREMATION, OR REMOVAL PLACE Reservoir Hill Mo 28 3 15

19. UNDERTAKER (ADDRESS) M. M. Crow  
Reservoir Hill Mo

20. FILED 3/28 1932 M. M. Crow  
Regist.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 27 1932

22. I HEREBY CERTIFY That I attended deceased from Residence 1932 at Coroner 1932

I last saw him live on 9 a 1932 Death is said to have occurred on the date stated above, at 9 a m

The principal cause of death and related causes of importance were as follows:  
Bronchid pneumonia Date of onset \_\_\_\_\_

Other contributory causes of importance:  
82A  
107B

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis Autopsy Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_ 1932

Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury \_\_\_\_\_  
Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_  
If so, specify \_\_\_\_\_

(Signed) Stanley M. Hall, M. D.  
(Address) Reservoir Hill

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.

