

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.

MAY 29 1934

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

Do not use this space.

11640

1. PLACE OF DEATH

County Buchanan, Registration District No. 85
Township _____ Primary Registration District No. 1001
City St. Joseph, (No. # 8 Summit Place, 516-32 N. 10th. St. _____ Ward) _____

File No. _____
Registered No. 317

2. FULL NAME William Sale Johnson,

(a) Residence, No. # 8 Summit Place, St. _____ Ward. _____
(Usual place of abode) _____ (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 55 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 OF (OR) WIFE OF Ella Johnson,

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 19 th. 1855

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
76 4 12 _____

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

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

10. Date deceased last worked at this occupation (month and year) 1932 11. Total time (years) spent in this occupation 10

12. BIRTHPLACE (CITY OR TOWN) Louisville, 2
(STATE OR COUNTRY) Kentucky,

13. NAME Henry Johnson,

14. BIRTHPLACE (CITY OR TOWN) Unknown,
(STATE OR COUNTRY) Kentucky,

15. MAIDEN NAME Laura Sale,

16. BIRTHPLACE (CITY OR TOWN) Unknown,
(STATE OR COUNTRY) Kentucky,

17. INFORMANT Mrs. J. M. Johnson
(ADDRESS) # 8 Summit place,

18. BURIAL, CREMATION, OR REMOVAL
PLACE Mt. Mora Cem. DATE April 4th, 32

19. UNDERTAKER Heaton, B. Hale & Bowman
(ADDRESS) 319 S. 10th. St. Funeral Home

20. FILED APR 1 1932 John R. Bender
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 1st. 1932

22. I HEREBY CERTIFY, That I attended deceased from 3/29/32 1932 to 4/1/32 1932

I last saw him alive on 4/1/32 1932 Death is said to have occurred on the date stated above, at 4:45 a.m.

The principal cause of death and related causes of importance were as follows:

Broncho Pneumonia Date of onset Unknown

107A/107A

Other contributory causes of importance:

None

Name of operation None Date of _____
What test confirmed diagnosis? Phys. Exam. Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? No Date of injury _____

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? No
If so, specify _____

(Signed) C. D. Wallace, M. D.
(Address) 301 W. 8th St. Joplin Mo.

1944