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

Do not use this space.

15318

File No. 441

Registered No. 441

1. PLACE OF DEATH
County Buchanan — Registration District No. 85
Township — Primary Registration District No. 1001
City St. Joseph Mo., (No. 916 Pendleton St St. Ward)

2. FULL NAME Charles Johnson

(a) Residence, No. 916 Pendleton St St., Ward. (If nonresident, give city or town and State)
(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.

MAY 21 1932

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~~ Mrs Carrie Johnson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) September 30-1887

7. AGE: Years 44 — Months 7 — Days 3 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laundryman 239
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. W.A.Fox Laundry
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Texas 2

FATHER
13. NAME Unknown 41
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown 37 Unknown

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Unknown

17. INFORMANT Mrs Carrie Johnson (Wife)
(ADDRESS) 916 Pendleton St

18. BURIAL, CREMATION, OR REMOVAL
PLACE Elmwood DATE 5-6-1932
B.F.Graves Funeral Home

19. UNDERTAKER 806 S. 17th St
(ADDRESS)

20. FILED MAY 6 1932 John R. Bender Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 3, 32, 19

22. I HEREBY CERTIFY, That I attended deceased from April 9, 1932, to May 3, 1932
I last saw him alive on May 3, 1932. Death is said to have occurred on the date stated above, at 12.30A
The principal cause of death and related causes of importance were as follows:

Influenza Lobar Pneumonia — Auricular fibrillation — Myocarditis — Chronic in line duty

Date of onset

Other contributory causes of importance:

As above stated

Name of operation ..... Date of ....
What test confirmed diagnosis? — 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 ....., 19....
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) J. A. Garlington, M. D.
(Address) 720 S. 24th St

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