

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.

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

Do not use this space.

16163

1956

1. PLACE OF DEATH

County Jackson Registration District No. 300 File No. 1956
 Township Keau Primary Registration District No. 4 Registered No. 1956
 City Kansas City No. Kansas City Gen Hosp St. Mo Ward

2. FULL NAME

Rupert Johnson
 (a) Residence, No. 2404 St. John St. Mo Ward. (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 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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 7, 1896

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
35 8 29

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
 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) Arkansas

13. NAME Rupert Johnson

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Arkansas

15. MAIDEN NAME Margaret Brown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown 31

17. INFORMANT (ADDRESS) The ward Clerk

18. BURIAL, CREMATION, OR REMOVAL PLACE Maple Hill DATE 5-13-32

19. UNDERTAKER (ADDRESS) Lape Lina

20. FILED 5/14 1932 W. McCrone Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 6, 1932

22. I HEREBY CERTIFY, That I attended deceased from May 5, 1932 to May 6, 1932

I last saw him alive on May 6, 1932 Death is said to have occurred on the date stated above, at 9:30 a.m.

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

Subar Pneumonia
10% A.D. 108
 Other contributory causes of importance:
Pneumococcal Meningitis

Name of operation no Date of no
 What test confirmed diagnosis? no Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? no Date of injury no, 19 no
 Where did injury occur? no
 (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury no
 Nature of injury no

24. Was disease or injury in any way related to occupation of deceased?
 If so, specify no
 (Signed) R. O. Williams M. D.
 (Address) Gen. Hosp. K.C. Mo.

