

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

Do not use this space.

29427

1. PLACE OF DEATH **Veterans' Administration Hospital,**

County **Jackson**

Registration District No. **399**

Township

Primary Registration District No. **1002**

City **Kansas City, Mo** (No.)

File No.
Registered No. **3601**
St. Ward)

2. FULL NAME **JOHNSON, William**

C-None WOE

(a) Residence, No. **Rt 1** St.

Pvt. Troop I 5th Reg. of Cav

(Usual place of abode) **New Albany, Indiana**

(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 **Mrs. Hazel Johnson**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Dec. 24, 1882**

7. AGE YEARS **49** MONTHS **8** DAYS **28**
IF LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **Blacksmith**
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) **Indiana**

13. NAME **William Johnson**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Unknown**

15. MAIDEN NAME **Unknown**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Unknown**

17. INFORMANT **Mrs. Hazel Johnson (wife)**
(ADDRESS) **1319 Jefferson, Kansas City, Mo**

18. BURIAL, CREMATION, OR REMOVAL PLACE **New Albany Ind** DATE **9-24-32**

19. UNDERTAKER **Freedman Mort**
(ADDRESS)

20. FILED **9/23/32 M. M. Crowe**
Regist. ar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Sept. 22, 1932**

22. I HEREBY CERTIFY, That I attended deceased from **August 17, 1932** to **Sept. 22, 1932**

I last saw him alive on **Sept. 22, 1932** Death is said to have occurred on the date stated above, at **4:40 PM**

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

- 1-Nephritis, chr. diffuse with Uremia-**Unkn**
- 2-Arteriosclerosis, severe, general **Unknown**
- 3-Cardiac hypertrophy **Unknown**

Other contributory causes of importance:

Name of operation **None** Date of

What test confirmed diagnosis? **Phys. Exam** Was there an autopsy? **Yes**
& 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

P. E. Hughes, M. D.

C. V. HUGHES, Clinical Director

Vet. Adm. Hospital, Kansas City, Mo.

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.

