

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.

34843

1. PLACE OF DEATH

County Buchanan
Township _____
City St. Joseph,

Registration District No. _____
Primary Registration District No. 1001
(No. Missouri Methodist Hospital, St. _____ Ward)

File No. _____
Registered No. 1108

2. FULL NAME Guy Walter Johnson,

(a) Residence, No. 1715 Sacramento St., _____ Ward.
(Usual place of abode)
Length of residence in city or town where death occurred 10 yrs. mos. ds., How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

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 Oma May Johnson,		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 6, 1886		
7. AGE	YEARS 45	MONTHS 11
	DAYS 12	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Signal man	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Railroad, 12 3	
	10. Date deceased last worked at this occupation (month and year) Nov. 1932.	
	11. Total time (years) spent in this occupation 10	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) McCallsburg, Iowa,		
FATHER	13. NAME August Johnson,	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown, Sweden,	
	15. MAIDEN NAME Johanna Mary Johnson	
MOTHER	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown, Sweden,	
	17. INFORMANT (ADDRESS) Mrs. G. H. Johnson 1715 Sacramento St.	
18. BURIAL, CREMATION, OR REMOVAL PLACE Lamoni, Iowa, DATE NOV. 21, '32		
19. UNDERTAKER (ADDRESS) Heaton-Blyskal-Baumann 319 S. 10th St. Funeral Home		
20. FINDER (ADDRESS) NOV 18 1932 John K. Bender Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 18th, 1932

22. I HEREBY CERTIFY, That I attended deceased from November 13, 1932, to November 18, 1932
I last saw him alive on November 18, 1932. Death is said to have occurred on the date stated above, at 9:05 a.m.
The principal cause of death and related causes of importance were as follows:
Cerebral hemorrhage followed by complete left hemiplegia
Date of onset 8 2 A
8 2 A
Other contributory causes of importance: Unknown

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

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) Joseph M. ... M. D.
(Address) St. Joseph, Missouri

