FEB 23 1933

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.

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

Do not use this space.

379

1. PLACE OF DEATH

11 County Buchanan — Registration District No. 85 — File No.

5 Township — Primary Registration District No. 1001 — Registered No. 136

City St. Joseph (No. Byrds Sanitarium St. Ward)

2. FULL NAME John C. Johnson

(a) Residence, No. 1409 Main street 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.

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: Ellen Johnson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): October 30, 1852

7. AGE: Years 80 — Months 3 — Days 1 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: R.R. Car checker

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): retired 2 Yrs.

11. Total time (years) spent in this occupation: 18yrs

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Morristown New Jersey

FATHER

13. NAME: Lawrence Johnson

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Morristown New Jersey

MOTHER

15. MAIDEN NAME: Susan Unknown

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

17. INFORMANT (ADDRESS): George Johnson 1409 Main st St Joseph Mo.

18. BURIAL, ~~CREMATION, OR REMOVAL~~ Mt Olivet Cemetery
PLACE St. Joseph Mo. DATE Feb. 2, 1933

19. UNDERTAKER (ADDRESS): W. O. Sidenfaden 1802 Union st St. Joseph Mo.

20. FILED 1-31, 1933 John R. Benders Registrar.

MEDICAL CERTIFICATE OF DEATH

2

21. DATE OF DEATH (MONTH, DAY, AND YEAR): January 31, 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan 30th, 1933, to Jan. 31, 1933

I last saw him alive on Jan 30, 1933 Death is said to have occurred on the date stated above, at 8:15A m.

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

Chronic Myocarditis — Date of onset

930
97

930

Other contributory causes of importance: Arteriosclerosis

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) [signature], M. D.

(Address) St Joseph Mo