

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

Do not use this space.

5989

1. PLACE OF DEATH

County Jackson Registration District No. 300
Township Kanaw Primary Registration District No. _____
City Kansas City (No. 72 C. General) 2003rd St. _____ Ward _____

File No. _____
Registered No. 940
St. _____ Ward _____

2. FULL NAME

George Johnson
(a) Residence, No. 1111 St. _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred 20 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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Aug 29, 1873</u>		
7. AGE	YEARS <u>54</u>	MONTHS <u>5</u>
	DAYS <u>25</u>	IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>labour</u>	
	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 _____

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-24 1933

22. I HEREBY CERTIFY, That I attended deceased from 2-24 1933, to 2-24 1933
I last saw him alive on 2-24 1933 Death is said to have occurred on the date stated above, at 10:50 a.m.

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

brachmia fever
Pneumonia
Cardiac decompensation
Date of onset _____

Other contributory causes of importance: _____

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? Yes

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? _____
If so, specify _____
(Signed) J. H. Bennett M. D.

(Address) 2-25-33 2003rd St. KC Mo.

FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Wisconsin</u>
	13. NAME <u>Tom Johnson</u>
MOTHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>New York</u>
	15. MAIDEN NAME <u>Mina Harrison</u>
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Canada</u>
	17. INFORMANT (ADDRESS) <u>Reverend Clerk</u> <u>2003rd St. KC Mo</u>
	18. BURIAL, CREMATION, OR REMOVAL- PLACE <u>Maple Hill</u> DATE <u>2/27/33</u>
	19. UNDERTAKER (ADDRESS) <u>Edna C. L. Foster</u> <u>918 Brooklyn Ave</u>
	20. FILED <u>2-27-33</u> <u>M. M. Crowe</u> Registrar.

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.

MARGIN RESERVED FOR BINDING

V. 5. NO. 2

