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.

File No. 23354

Registered No. 3060

1. PLACE OF DEATH

County Jackson — Registration District No. ____

Township Kaw — Primary Registration District No. ____

City K.C. Mo. (No. 917 Carrington St. ____ Ward)

2. FULL NAME Theodore Willis Johnson

(a) Residence, No. 917 Carrington St., ____ Ward. (If nonresident, give city or town and State)
(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: Negro
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Lowenia Johnson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 14-1868

7. AGE: YEARS 64 — MONTHS 10 — 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. Common Laborer

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) Mo

FATHER

13. NAME Dont Know

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dont Know

MOTHER

15. MAIDEN NAME Dont Know

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

17. INFORMANT (ADDRESS) Orville Johnson (Son) 1316 E. 16th str. K.C. Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Highland Cemetery DATE 7-29-33, 19__

19. UNDERTAKER (ADDRESS) Flynn & Greenstreet K.C. Mo.

20. FILED July 28, 1933 M. M. Crowe Asst Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 26, 1933

22. I HEREBY CERTIFY, That I attended deceased from July 24, 1933, to July 26, 1933. I last saw him alive on July 24, 1933. Death is said to have occurred on the date stated above, at 1 P m.

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

	Date of onset
Cerebral Hemorrhage	6-4-33
82 A	
77	

Other contributory causes of importance:

Arterio-Sclerosis

Name of operation none Date of ____

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? no 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) M R Foster, M. D.

(Address) 1529 Lister