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.

36408

JAN 8 1934

1. PLACE OF DEATH

County Jackson — Registration District No. 399 — File No. 4318

Township Kaw. — Primary Registration District No. 1002 — Registered No.

City Kansas City (No. Research Hospital St. Ward)

2. FULL NAME Sam'l. M. Johnstone

(a) Residence, No. Butte Mont. 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. 2 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): Widower

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mrs. May Johnstone

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 17th. 1853

7. AGE: YEARS 79 — MONTHS 11 — DAYS 18 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

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) Pa./

FATHER

13. NAME No Data

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No Data

MOTHER

15. MAIDEN NAME No Data

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No Data

17. INFORMANT (ADDRESS) L. C. Beattie 5438 Westover Rd.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Butte Mont. DATE 11/6/33, 19

19. UNDERTAKER (ADDRESS) W. F. Mayberry City

20. FILED 11-4th, 1933 M. M. Crowe Asst Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov/5/33, 19

22. I HEREBY CERTIFY, That I attended deceased from Sept 10, 1933, to Nov 4, 1933.
I last saw him alive on Nov 4, 1933. Death is said to have occurred on the date stated above, at 3.30 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Metastasis Carcinoma	4 mo
H. C.	

Other contributory causes of importance:

Carcinoma colon	6 mo

Name of operation none Date of
What test confirmed diagnosis? Post Mortem Was there an autopsy? Yes

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? no (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. no
Manner of injury no
Nature of injury no

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify

(Signed) Ralph W. Kalbrook, M. D.
(Address) 113 Professional Bldg Kansas City Mo