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.

27 1934

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

Do not use this space.

1294

1. PLACE OF DEATH
County Jackson
Township [illegible]
City Kansas City (No. 5012, 6 22nd St. St. Ward)

Registration District No. 389
Primary Registration District No. 1068

File No. 270
Registered No.

2. FULL NAME John Thomas Johnson
(a) Residence, No. 5012 E 22 St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)
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) Widower

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr 19 1844

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
89	8	29	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpentar
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 20 Yrs.
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) Clay Co. Mo.

FATHER
13. NAME John Johnson
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

MOTHER
15. MAIDEN NAME Rachel Bunns.
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

17. INFORMANT (ADDRESS) Maggie Andrews. 5012 E 22 K C Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Olathe Kas DATE Jan 1934

19. UNDERTAKER (ADDRESS) H. E. Julien Olathe Kas.

20. FILED Jan 19 1934 M. M. Crome Asst Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 18, 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan 10, 1934, to Jan 16, 1934
I last saw him alive on Jan 16, 1934. Death is said to have occurred on the date stated above, at 1:00 p.m.
The principal cause of death and related causes of importance were as follows:
Cerebral Hemorrage
82A
97
162

Date of onset 1-10-34

Other contributory causes of importance:
Arterial Sclerosis
Senility.

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? No.
If so, specify
(Signed) J. Henry George M.D., M. D.
(Address) 2618 Cleveland