

MAY 25 1934

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

Do not use this space.

1. PLACE OF DEATH

County Jackson Registration District No. 300
Township Law Primary Registration District No. 600
City Kansas City (No. Trinity Hosp.) St. Ward

File No. 12805
Registered No.

2. FULL NAME Andrew F. Johnson

(a) Residence No. 3124 Mc Gee 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. 7 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) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 10, 1852		
7. AGE	YEARS	MONTHS
	81	9
		26
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Farmer		
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) Sweeden		
13. NAME Don't Know		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Sweeden		
15. MAIDEN NAME Don't know		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Sweeden		
17. INFORMANT Carl G. Anderson (ADDRESS)		
18. BURIAL, CREMATION, OR REMOVAL PLACE Holdrege Neb. DATE 4-5-34 19 <u> </u>		
19. UNDERTAKER Freeman Mortuary (ADDRESS) Kansas City, Mo.		
20. FILED <u>Apr. 5</u> 19 <u>34</u> <u>M. M. Grove</u> <u> </u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Apr. 5, 34** 19

22. I HEREBY CERTIFY, That I attended deceased from March 1 1934, to April 5 1934
I last saw him alive on April 5 1934. Death is said to have occurred on the date stated above, at 8:45 a.m.
The principal cause of death and related causes of importance were as follows:
Cardiac Failure Date of onset May 3

Other contributory causes of importance:
Myocarditis Chronic
Edema of Brain
Pulmonary Infarct

Name of operation
What test confirmed diagnosis Physical signs, X-rays 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? No
If so, specify
(Signed) Carl H. Lundquist M. D.
(Address) 709 Porter & Legitt

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.

Carl Gustafson

704 Power & Light

14 Baltimore