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.

MAY 25 1934

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

Do not use this space.

12893

File No. 2000
Registered No. 2 084

1. PLACE OF DEATH
County Jackson
Township Raw
City K. C. Mo (No. 3345 Chestnut St. Ward)
Registration District No. 3
Primary Registration District No. 93

2. FULL NAME William Eli Johnson
(a) Residence, No. 3345 Chestnut 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): married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July - 9 - 1886

7. AGE: Years 47 Months 9 Days 2 Days. If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Auditor Accountant
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self
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) West Virginia

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

MOTHER
15. MAIDEN NAME M. Everett
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Washington

17. INFORMANT Mrs. Elizabeth Johnson
(ADDRESS) 3345 Chestnut

18. BURIAL, CREMATION, OR REMOVAL
PLACE Woodlawn Cem. Ind. DATE Apr 13, 1934

19. UNDERTAKER A. P. Doerhler
(ADDRESS) 1415 E 15

20. FILED Apr 11, 1934 M. M. Crowe
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr 11, 1934

22. I HEREBY CERTIFY, That I attended deceased from Apr. 3, 1934, to Apr 11, 1934
I last saw he alive on Apr. 10, 1934. Death is said to have occurred on the date stated above, at 9 45 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Cardiac Dilatation	
9SB 96C3	

Other contributory causes of importance:
Don't Know of any.

Name of operation — Date of —
What test confirmed diagnosis? Symptoms Was there an autopsy? No.

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) W. W. Butler, M. D.
(Address) 3700 Benton Blvd.

3700 Benton
Sta. 1390