

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.

1. PLACE OF DEATH

County Jackson
Township Kaw
City K.C.Mo.

Registration District No. 389
Primary Registration District No. 1002
(No. 1620 Van Brunt)

File No. 13072
Registered No. 1823
St. _____ Ward _____

2. FULL NAME

Curtis Marion Johnson
(a) Residence, No. 1620 Van Brunt 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 Carrey May Johnson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 25, 1871

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
62 7 26

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Custodian
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. School
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) Ohio

13. NAME Albert Johnson

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

15. MAIDEN NAME Unknown

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

17. INFORMANT Mrs. Carrey May Johnson
(ADDRESS) 1620 Van Brunt, K.C.Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Memorial Park DATE Apr. 24-34

19. UNDERTAKER C.H. Blackman & Son,
(ADDRESS) K.C.Mo.

20. FILED Apr 24 1934 M. M. Coram
Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from Sept., 1911, to April 21, 1934.
I last saw him alive on 3 weeks ago - 1934. Death is said to have occurred on the date stated above, at 11:30 P.M.

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

Coronary atherosclerosis
Chronic interstitial nephritis
Coronary Hypertrophy
Arterio Sclerosis
Date of onset Apr 21

Other contributory causes of importance: none

Name of operation none Date of none
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? _____ 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) H. T. W. [Signature]
(Address) 3442 [Address]

