MAY 25 1934

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

Do not use this space.

File No. 13133
Registered No. 1002

1. PLACE OF DEATH
County JACKSON
Township RAW
City KANSAS CITY (No. 4135-, WABASH St. Ward)
Registration District No. 399
Primary Registration District No. 1002

2. FULL NAME ISAAC NEWTON JOHNSON
(a) Residence, No. 4135-WABASH 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~~ MRS. MARY L. JOHNSON

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) FEBRUARY-10-1853

7. AGE: Years 81 | Months 2 | Days 16 | If LESS than 1 day, ...hrs. or ....min.

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

FATHER
13. NAME TIMOTHY JOHNSON
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) NEW YORK

MOTHER
15. MAIDEN NAME CLARA STEWARD
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) MICHIGAN

17. INFORMANT MRS. MARY L. JOHNSON
(ADDRESS) 4135-WABASH AVE.

18. BURIAL, CREMATION, OR REMOVAL
PLACE HOWARD, KANSAS DATE Apr 27, 34

19. UNDERTAKER D. W. NEWCOMER'S SONS
(ADDRESS) KANSAS CITY, MISSOURI

20. FILED Apr 27, 1934 M. M. O'Brien Asst. Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) APRIL-26, 1934

22. I HEREBY CERTIFY, That I attended deceased from April 21, 1934, to April 26, 1934
I last saw him alive on April 26, 1934. Death is said to have occurred on the date stated above, at 3:15 P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Uremic poisoning	
Chronic nephritis	
Other contributory causes of importance: Enlarged Prostate	

Name of operation ✓ Date of ✓
What test confirmed diagnosis? ✓ 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) J. F. McCalman, M. D.
(Address) 3850 Broadway

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Dr. L. [illegible]
3850 [illegible]