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.

JUL 17 1934

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

Do not use this space.

20720

1. PLACE OF DEATH

County Jackson — Registration District No. 399 — File No. [illegible]

Township Kaw — Primary Registration District No. 1002 — Registered No.

City Kansas City (No. 1807 East 31st St. Ward)

2. FULL NAME James M. Johnson

(a) Residence, No. 2955 Flora St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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: Eva Althea Johnson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Feby. 24, 1866

7. AGE: YEARS 68 — MONTHS 4 — DAYS 2 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Hardware Merchant
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: Benjamin H. Johnson
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): West Virginia

MOTHER

15. MAIDEN NAME: Eunice Holland
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): New York

17. INFORMANT (ADDRESS): Mrs. James M. Johnson 2955 Flora

18. BURIAL, ~~CREMATION, OR REMOVAL~~ PLACE: Elmwood Cemetery DATE 6-30- 1934

19. UNDERTAKER (ADDRESS): Stine & McClure 3235 Gillham Plaza

20. FILED 6-30 1934 M M Crowe asst Registrar.

MEDICAL CERTIFICATE OF DEATH

3

21. DATE OF DEATH (MONTH, DAY, AND YEAR): June 26, 1934

22. I HEREBY CERTIFY, That I attended deceased from April 10th, 1932, to June 26th, 1934

I last saw him alive on June 26th, 1934. Death is said to have occurred on the date stated above, at P. m. 5:30

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

Date of onset

Coronary Disease
Occlusion of Artery

Other contributory causes of importance:

General Arterio-Sclerosis

Name of operation: Clinical 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? 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) Samuel Ayres, M. D.

(Address) 707 Argyle Bldg.

100M-11-24-33