

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

Do not use this space.

OCT 17 1934

33001
4339

1. PLACE OF DEATH

County Jackson Registration District No. _____
 Township Leau Primary Registration District No. _____
 City Manassas City (No. 1127) E 76 Perr St. _____ Ward _____

File No. _____
 Registered No. _____

2. FULL NAME

(a) Residence, No. 1127 E 76 Perr 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

MEDICAL CERTIFICATE OF DEATH

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Grace E. Johnston

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 24 1871

7. AGE YEARS 63 MONTHS 7 DAYS 29 If LESS than 1 day, hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Express
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Messenger
 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) Iowa

FATHER 13. NAME M. J. Johnston

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

MOTHER 15. MAIDEN NAME No Record

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No record

17. INFORMANT Grace E. Johnston

18. BURIAL, CREMATION, OR REMOVAL PLACE Grinwood DATE Sept 25/34

19. UNDERTAKER Mrs. C. L. Foster

(ADDRESS) 918 Broadway, Ave

20. FILED 9-25 1934 om Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 23 1934

22. I HEREBY CERTIFY, That I attended deceased from June 16 1934, to 9-23 1934
 That saw him alive on 9-22-34 Death is said to have occurred on the date stated above, at 12:50 m.

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

Addresson's disease 6 mo.
Generalized weakness 6 mo.

Other contributory causes of importance:
 Name of operation None Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? _____

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? _____
 If so, specify Arteriosclerosis, M. D.
 (Signed) Arthur G. Gubben
 (Address) 724 Argyle

200
A Morris Gensburg

- Cuyler 3737

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4339

Kansas City

Dear Sir:

It is essential that death certificates be complete in every particular in order that proper classification may be made. You are therefore requested to make every effort to obtain the following information, indicated by check marks, lacking from the death certificate.

Name: George E Johnston

Who died at _____ on Sept 23 - 1934

Residence: No. _____ St. _____

(If nonresident, city or town)

Length of residence in city or town where death occurred: Years _____ Months _____ Days _____

Sex _____ Color or race wh Single, married, widowed or divorced: _____

Date of birth _____ Age: Years 63 Months 7 Days 29

Occupation: (a) Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. (b) Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation: Month 11 Year 1934

Birthplace (State or country) _____

Birthplace of father (State or country) _____

Birthplace of mother (State or country) _____

Principal cause of death: _____

Other contributory causes of importance Generalized weakness

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

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 _____

Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

Name of physician A. Marcus Gensberg

Address of physician 724 9th Ave

Signature of Registrar M. H. Morris Date filed 12-6-34

This information is sought for statistical purposes only and in order that the official report may be complete and correct. Please reply promptly using the enclosed official envelope which requires no postage.

Very truly yours, E. T. McLaugh

Reg. Dist. No. _____ State Registrar

Primary Reg. Dist. No. _____

Symptoms - characteristic of Addison's

There was no autopsy hence I cannot say etiology

S-33001