

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.

JAN 18 1935

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

Do not use this space.

42927

1. PLACE OF DEATH

County Jackson Registration District No. 399
 Township Yaw Primary Registration District No. 1007
 City Kansas City (No. ST Marys Hospital) St. _____ Ward _____

File No. _____
 Registered No. 5510
 St. _____ Ward _____

2. FULL NAME Elijah R. Johnson

(a) Residence, No. 3808 Campbell St. _____ Ward _____
 (Usual place of abode)
 Length of residence in city or town where death occurred 13 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

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 Anna Johnson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 21, 1844

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
90 0 17

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Real Estate

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) Toledo, Ohio

FATHER 13. NAME C. P. Johnson

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) don't know

MOTHER 15. MAIDEN NAME Christine Bruback

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

17. INFORMANT H. E. Johnson
 (ADDRESS) 3808 Campbell

18. BURIAL, CREMATION, OR REMOVAL
 PLACE MT Moriah DATE 12-10-34

19. UNDERTAKER Freeman Mortuary & Chapel
 (ADDRESS) 104 West 42nd Street

20. FILED 7/10 1934
M. M. Brown
 Registar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 8 1934

22. I HEREBY CERTIFY, That I attended deceased from Nov. 24, 1934, to Dec 8, 1934

I last saw him alive on Dec 8, 1934. Death is said to have occurred on the date stated above, at _____ m.

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

arterio-sclerotic gangrene
right foot

Date of onset
June
1934

Chronic typhoiditis

Other contributory causes of importance:
Travel - pneumonia

Terminal

Name of operation amputation leg Date of Nov. 24, 1934

What test confirmed diagnosis? See journal 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. E. Casella; M. D.

(Address) 822 Ogden Bldg

Dr. J. W. ...
L. W. ...