

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

Do not use this space.

SEP 25 1935

26611

**1. PLACE OF DEATH**

County Jackson Registration District No. 399  
 Township Kan Primary Registration District No. 1002  
 City Kansas City (No. 7-C General Hosp.) Ward

File No. \_\_\_\_\_  
 Registered No. 26611

**2. FULL NAME**

Victor Johnson

(a) Residence, No. 4634 Chestnut St. Ward. \_\_\_\_\_  
 (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. (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 Married  
 (write the word)

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mrs. Jennie Johnson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 16-1880

| 7. AGE | YEARS     | MONTHS   | DAYS     | IF LESS than 1 day, ..... hrs. or ..... min. |
|--------|-----------|----------|----------|--|
|        | <u>55</u> | <u>2</u> | <u>7</u> |  |

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

MOTHER FATHER  
 13. NAME Petrus Johnson

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

15. MAIDEN NAME Elizabeth

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

17. INFORMANT Reinald Clark  
 (ADDRESS) 7-C General Hosp. RCM

18. BURIAL, CREMATION, OR REMOVAL PLACE Floral Hall DATE Aug. 26, 1935

19. UNDERTAKER R. V. Lindsey & Sons  
 (ADDRESS) A. C. Moel

20. FILED Aug. 26, 1935 M. M. Crowe Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8-23, 1935

22. I HEREBY CERTIFY, That I attended deceased from 7-23, 1935 to 8-23, 1935  
 I last saw him alive on 8-23, 1935 Death is said to have occurred on the date stated above, at b.i.d. 5:00 P.M.

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

Primary Carcinoma of liver (Bile ducts)  
4/6

Other contributory causes of importance:

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? Yes

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 \_\_\_\_\_

(Signed) J. J. [Signature], M. D.  
 (Address) 7-C General Hosp. RCM

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.

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