OCT 22 1935

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

Do not use this space.
29707

1. PLACE OF DEATH

County: Jackson — Registration District No.: 399 — File No.:

Township: Rose — Primary Registration District No.: 1002 — Registered No.: 29707

City: Kansas City (No. Research hospital St. Ward)

2. FULL NAME August E. Johnson

(a) Residence, No. Herrington, Kans. 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. 5 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
male	white	married

5A. IF MARRIED, WIDOWED, OR DIVORCED — HUSBAND OF (OR) WIFE OF: Ethel M.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): 2/5/1884

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
51	7	20	

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.: farm

10. Date deceased last worked at this occupation (month and year): 8/35

11. Total time (years) spent in this occupation: 35

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Kossuth Iowa

FATHER

13. NAME: Swen A. Johnson

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

MOTHER

15. MAIDEN NAME: Anna Norrborn

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

17. INFORMANT (ADDRESS): Mrs. A. E. Johnson, Herrington, Kans.

18. BURIAL, CREMATION, OR REMOVAL — PLACE: Herrington DATE: 9/28, 1935

19. UNDERTAKER (ADDRESS): Geo. H. Long Mortuary, K C K

20. FILED: Sept 26, 1935 — M. M. Crowe, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 9/25/35

22. I HEREBY CERTIFY, That I attended deceased from Aug. 21, 1935, to Sept. 25, 1935, I last saw him alive on Sept. 25, 1935. Death is said to have occurred on the date stated above, at 8 p.m.

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

	Date of onset
Nephritis Acute	
Uremia	11/9/35

Other contributory causes of importance:
Pyloric obstruction
Contracture
Due to Peptic Ulcer

Name of operation: R. H. Meyer Date of: Sept. 26, 35
What test confirmed diagnosis? Autopsy 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: No

(Signed) R. H. Meyer M. D.
(Address) 1115 Rockford, K.C. Mo.

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.

W.A.
Li Myers - Student Bldg
vic 3925