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.

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

DEC 6 1935

Do not use this space.

36167

1. PLACE OF DEATH
County Jackson — Registration District No. 399
Township Raw — Primary Registration District No. 1002
City Kansas City (No. 1417 E. 16th St. Ward)

File No.
Registered No. 4303

2. FULL NAME Scott Johnson
(a) Residence, No. 1417 E. 16th, 2nd fl. 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

3. SEX: Male
4. COLOR OR RACE: Col.
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 23, 1879.
7. AGE: YEARS 56 — MONTHS 4 — DAYS 24 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Sergt. Retired
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. U.S. Army.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation 36 yrs.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Savannah, Georgia

FATHER
13. NAME Andrew Johnson.
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unk.

MOTHER
15. MAIDEN NAME Fannie — Unk.
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unk.

17. INFORMANT (ADDRESS) Clara Johnson 1417 E. 16th

18. BURIAL, CREMATION, OR REMOVAL
PLACE Ft Leavenworth Ks DATE 11/21 1935

19. UNDERTAKER (ADDRESS) Watkins Bros. 1729 Lydia

20. FILED Nov. 19, 1935 M. M. Crown
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11/17, 1935

22. I HEREBY CERTIFY, That I attended deceased from Nov. 15, 1935, to Nov 17, 1935
I last saw him alive on Nov 16, 1935. Death is said to have occurred on the date stated above, at 3:15 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Glomerular nephritis	
Other contributory causes of importance: Lobar Pneumonia	
Toxemia	

Name of operation — Date of
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? no.
If so, specify no.
(Signed) Dr. E. M. Pittman, M. D.
(Address) 1618 S. Dia Ave. Kc Mo

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JUN 22 1944