

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

Do not use this space.

AUG 24 1936

26731

1. PLACE OF DEATH

County Jackson County
Township Raw
City Hannas City Mo. (No. 1stome for aged 5331/Highland)

Registration District No. 399
Primary Registration District No. 1002

File No. 26731
Registered No. 5402
St. Highland Ward

2. FULL NAME

William Johnson
(a) Residence, No. 5331 Highland Ave. St. Highland 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 White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 15 1858

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
78 " 5 3

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Wahman
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) Illinois

FATHER 13. NAME Wm Johnson

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No Record

MOTHER 15. MAIDEN NAME Philomena Clopner

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

17. INFORMANT (ADDRESS) Little Sisters of the Poor 5331 Highland Ave

18. BURIAL, CREMATION, OR REMOVAL PLACE St Marys DATE July 20 1936

19. UNDERTAKER (ADDRESS) Smith & Kish 2000 Main St

20. FILED July 20 1936 M. M. Cronin Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 18 1936

22. I HEREBY CERTIFY That I attended deceased from Aug 1931, 1931, to July 18, 1936

I last saw h. alive on July 18th, 1936. Death is said to have occurred on the date stated above, at 11 P. m.

The principal cause of death and related causes of importance were as follows:
Chronic Valvular Heart Dis Date of onset 3 yrs

Other contributory causes of importance:
Heart Prosevation

Name of operation..... 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 Paul J. Purke M. D.

(Signed) Paul J. Purke M. D.
(Address) 1402 Bryant

N. B.—Every item of information should be carefully supplied. It 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.

