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.

SEP 29 1936

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

Do not use this space.

399

31172

1. PLACE OF DEATH
County Jackson
Township Kaw
City K.C. Mo. (No. 5350 So Benton St. Ward)
Registration District No. 002
Primary Registration District No.
File No.
Registered No. 85071

2. FULL NAME William Johnson
(a) Residence, No. 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. 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~~ Dont Know
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 2 - 1909
7. AGE YEARS 26 MONTHS 9 DAYS 13 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Common Laborer
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) M.O.

FATHER
13. NAME Ed Johnson
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) N.Y.A.

MOTHER
15. MAIDEN NAME Bettie Walker
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ark.

17. INFORMANT (ADDRESS) Ed Johnson 5350 So. Benton
18. BURIAL, CREMATION, OR REMOVAL Blue Ridge Lawn DATE Aug 26th 1936
19. UNDERTAKER (ADDRESS) West Appleton & Jones 1600 E. 19th St.
20. FILED 8-26 1936 M. M. Crowe asst Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 15 1936
22. I HEREBY CERTIFY, That I attended deceased from Deputy Coroner 19, to 19
I last saw him alive on 19 Death is said to have occurred on the date stated above, at 7:30 P.M.
The principal cause of death and related causes of importance were as follows:

Homicide
Gun shot wound of Head

Date of onset

Other contributory causes of importance:

193

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? Homicide Date of injury 8-15 1936
Where did injury occur? In Street 5300 So Benton (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. In Street
Manner of injury
Nature of injury Gun shot of Head

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) Lucian P. Richardson, M. D.
(Address) 1832 Vine