

JAN 19 1937.

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

Do not use this space.

44974

5557

1. PLACE OF DEATH
County Jackson Registration District No. 399
Township Paul Deputy Registration District No. 1002
City Kansas City, Mo. St. Joseph Wash St. _____ Ward _____

2. FULL NAME Fred Johnson
(a) Residence, No. 3007 B 36 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 white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Lillian Johnson
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 17 1884
7. AGE YEARS 52 MONTHS 3 DAYS 9 If LESS than 1 day, _____ hrs. or _____ min.
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Emp. East Cal. Co.
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) Mo
13. NAME Erick Johnson
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo
15. MAIDEN NAME No Record
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo
17. INFORMANT Mrs. Lillian N. Johnson (ADDRESS) 3007 East 36th St.
18. BURIAL, CREMATION, OR REMOVAL PLACE Green Lawn DATE 12/26/36
19. UNDERTAKER Mrs. C. L. Vacher (ADDRESS) 418 Broadway Avenue
20. FILED 12-26-1936 M. M. Crowe Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec - 23 - 1936
22. I HEREBY CERTIFY, That I attended deceased from Dec. 17, 1936 to Dec 23, 1936
I last saw him alive on Dec. 23, 1936 Death is said to have occurred on the date stated above, at 7:45 P. M.
The principal cause of death and related causes of importance were as follows:
Lobar pneumonia Date of onset Dec 17, 1936
Other contributory causes of importance: Acute myocarditis Dec. 19, 1936
Name of operation _____ Date of _____
What test confirmed diagnosis? Clinical Was there an autopsy? no.
23. If death was due to external cause (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____
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 John K. Caldwell, M. D. (Signed) Kansas City, Mo. (Address)

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.

WRITE PLAINLY, WITH CAPITALS IN THE

X7044

DW Caldwell

Argyle Bldg

Ha - 7170

Li - 3550

1:30 till 4:00