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.

FEB 15 1937

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

Do not use this space. 231

1. PLACE OF DEATH

County: Buchanan — Registration District No. 85 — File No.

Township: — Primary Registration District No. 1001 — Registered No. 30

City: St.Joseph, (No. Sunnyslope Hospital. St. Ward)

2. FULL NAME James Randall Johnstone

(a) Residence, No. 1517 So.9th.St. St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 0 yrs. 11 mos. 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	Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb,2,1936

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
	0	11	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None.

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) St.Joseph, Mo.

FATHER

13. NAME James A.Johnstone

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Fairville, Mo.

MOTHER

15. MAIDEN NAME Irene Harvey

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dodge City, Ks.

17. INFORMANT (ADDRESS) Jas.A.Johnstone 1517 So.9th.St.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Memorial Park Cem. DATE Jan.11,1937

19. UNDERTAKER (ADDRESS) Walter Meierhoffer 1302 Faraon St. St.Joseph,Mo.

20. FILED 1-11, 1937 H J Nestlebush Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan,9,1937, 19

22. I HEREBY CERTIFY, That I attended deceased from Dec 24 1936 to Jan 9, 1937

I last saw him alive on Jan 9, 1937. Death is said to have occurred on the date stated above, at 11.00 m. A.M.

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

Meningitis (Epidemic) — Date of onset Dec 24

Other contributory causes of importance:

Name of operation — Date of

What test confirmed diagnosis? Lab — Was there an autopsy? No

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

(Signed) J. McClamary, M. D.

(Address) St Joseph Mo