

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

Do not use this space.

MAY 15 1937

15474

1. PLACE OF DEATH

County Jackson Registration District No. 399
Township Kaw Primary Registration District No. 1002
City Kansas City (No. 5214 Norledge)

File No. _____
Registered No. 28770
St. _____ Ward _____

2. FULL NAME William Zackariah Johnson

(a) Residence, No. 5214 Norledge St. _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred 9 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

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 Zipporah Johnson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 6, 1866

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
67 71 0 23

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Farmer

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) Savannah Mo.

13. NAME Joseph Johnson

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

15. MAIDEN NAME Amanda Walker

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Andrew County Mo.

17. INFORMANT Mrs. Zipporah Johnson
(ADDRESS) 5214 Norledge

18. BURIAL, CREMATION, OR REMOVAL PLACE Cremation DATE April 30, 1937

19. UNDERTAKER D.W. Newcomer's Sons
(ADDRESS)

20. FILED Apr 29 1937 M. M. Brown
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 29, 1937

22. I HEREBY CERTIFY, That I attended deceased from Apr 1, 1937 to April 29, 1937

I last saw him alive on 4/28/37, 19... Death is said

to have occurred on the date stated above, at 2:55 a.m.

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

Ca of lung -
admission to Central Hosp
finally stem spine & brain.
47

Other contributory causes of importance:

Inanition Myocardial
exhaustion.

Name of operation _____ Date of _____

What test confirmed diagnosis? X-Ray 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) Frank B. [Signature], M. D.

(Address) 924 Prof. Bldg.

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.

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Mr. Frank ...
Prof. Bldg.
V: 8481

DEC 28 1949