

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 21 1937

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

Do not use this space.

1. PLACE OF DEATH

County Hackson
Township Kaw
City K. C. Mo. (No. 22nd & B. Missouri)

Registration District No. 399
Primary Registration District No. 1002
General Hospital

File No. 29768
Registered No. 352
Ward

2. FULL NAME James Johnson

(a) Residence, No. Liberty, Mo. St. _____ Ward _____
(Usual place of abode)

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) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 5th., 1878

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
21 59 50 0 21 20

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Engineer
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) Clay Co. Mo.

FATHER 13. NAME E. P. Johnson
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

MOTHER 15. MAIDEN NAME Sadie Dargrett
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

17. INFORMANT (ADDRESS) Mrs. E. Salsberry, Liberty, Mo.18. BURIAL, CREMATION, OR REMOVAL PLACE Removal Liberty, Mo DATE 8-16-3719. UNDERTAKER (ADDRESS) Melody McGilley, K. C. Mo.20. FILED Aug 16 1937 M. M. Crowe, asch Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8/15/37, 193722. I HEREBY CERTIFY, That I attended deceased from _____, 1937, to _____, 1937.I last saw him alive on _____, 1937. Death is said to have occurred on the date stated above, at _____ m.

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

Chromy thrombosis Date of onset

Other contributory causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? Yes23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 1937

Where did injury occur? _____

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 _____ #

(Signed) _____, M. D.

(Address) _____

