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.

NOV 18 1937

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

Do not use this space.

36683

1. PLACE OF DEATH

County Jackson — Registration District No. 399

Township Kaw — Primary Registration District No. 1002

City Kansas City, Mo. (No. 4407, East 56 St. St. Ward)

File No. [illegible] Registered No. [illegible]

2. FULL NAME Mr. Holman S. Johnston

(a) Residence, No. 3204 East 52 St. St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 31 yrs. 4 mos. 5 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) June 8, 1906

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
31	4	5	

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. K. C. Gas Co.

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) Kansas City, Missouri

FATHER

13. NAME James D. Johnston

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Aroura, Indiana

MOTHER

15. MAIDEN NAME Christine Dils

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Aroura, Indiana

17. INFORMANT William D. Johnston
(ADDRESS) 4407 East 56 St.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Memorial Park DATE 10-15 1937

19. UNDERTAKER D. W. Newcomer's Sons
(ADDRESS) 1401 Brushcreek

20. FILED Oct 13 1937 M. M. Grover
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) October 13, 1937

22. I HEREBY CERTIFY, That I attended deceased from June 22, 1937, to 10-13, 1937, last saw him alive on 10-13, 1937. Death is said to have occurred on the date stated above, at 8:00 Am.

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

	Date of onset
Sub-acute Bacterial Endocarditis	May 1 '37
9391	

Other contributory causes of importance: Pulmonary Edema, Myocarditis, General Debility

Name of operation Date of

What test confirmed diagnosis? Clinical Laboratory 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) Carroll P. Kemgate, M. D.

(Address) 1010 Ray Bldg. K.C. Mo

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