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.

DEC 20 1937

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

Do not use this space.

40203

1. PLACE OF DEATH
County Jackson — Registration District No. 399 — File No. [illegible]
Township Kan — Primary Registration District No. 1002 — Registered No. [illegible]
City Kansas City (No. General, Hospital #2 St. Ward)

2. FULL NAME Sol Johnson
(a) Residence, No. 1116 Independence Ave. St., Ward. (If nonresident, give city or town and State)
(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: Negro
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): 1910, April 20

7. AGE: YEARS 27 — MONTHS 6 — DAYS 6 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
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.: Truck Driver
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): Roskypoint N. Car.

FATHER
13. NAME: King S. Johnson
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown

MOTHER
15. MAIDEN NAME: Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown

17. INFORMANT (ADDRESS): Martha Johnson 1957 N. Thompson St. K.C. Kans.

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Roskypoint N. Car. DATE: Oct 30, 1937

19. UNDERTAKER (ADDRESS): E. Sterling Bills 1811 E. 12th St. K.C. Mo.

20. FILED: Nov 9 1937 [illegible] Grove
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 10-26-37, 19

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..., to ..... 19...
I last saw h... alive on ..... 19... Death is said to have occurred on the date stated above, at 6:30 P. M.
The principal cause of death and related causes of importance were as follows:

Gun Shot wound
Chest Hemothorax
173

Date of onset

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? Autopsy Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Homicide Date of injury 10-24-37, 1937
Where did injury occur? Ind. & Hanson K.C. Mo (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury: Public Gun Shot wound
Nature of injury: Chest

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) Russell W. Sim, M. D.
(Address) K.C. Mo.