

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

Do not use this space.

40238

1. PLACE OF DEATH

County Wagon Registration District No. 397
Township Wagon Primary Registration District No. 1002
City Kansas City (No. 76 Gen Hosp) St. _____ Ward _____

File No. _____
Registered No. 4552
St. _____ Ward _____

2. FULL NAME

Bernard Johnson
(a) Residence, No. 514 1/2 Main St. _____ Ward. _____
(Usual place of abode)

Length of residence in city or town where death occurred 10 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 m 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 31 1875

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
62 9 9

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

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) Ky

13. NAME George Johnson

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

15. MAIDEN NAME B. Nichols

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky

17. INFORMANT (ADDRESS) Reverend Clerk
76 Gen Hosp KC Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Keeds No DATE _____ 19 _____

19. UNDERTAKE (ADDRESS) Quirk - Police - 60
20 - 21 - Elmwood - KC - MO

20. FILED Nov 12 1937 M. M. Cronow Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11-9-1937

22. I HEREBY CERTIFY, That I attended deceased from 11-1-1937 to 11-9-1937

I last saw him alive on 11-9-1937 Death is said to have occurred on the date stated above, at 4:20 P.M.

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

Pyelonephritis - left
Chronic vesicular nephritis
Uremia 131

Other contributory causes of importance:

Congenital absence of rt. kidney

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? Yes

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? _____

If so, specify _____

(Signed) Greene P. Athow MD M. D.

(Address) 514 1/2 Gen Hosp KC

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.

RECORD

