REC. MAR 14 1938

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

Do not use this space.

1. PLACE OF DEATH
County Jackson — Registration District No. 399
Township Kaw — Primary Registration District No. 1002
City Kansas City (No. Trinity Lutheran Hospital St. Ward)

File No. 5559
Registered No. 625

2. FULL NAME Arthur Johnson 525

(a) Residence, No. 720 West 48th 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 26 yrs. mos. 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	Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 20, 1893

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	44	2	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Special Representative-Loose-Wiles
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Biscuit 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) Warren Pa.

FATHER
13. NAME Chris P. Johnson
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Copenhagen Denmark

MOTHER
15. MAIDEN NAME Dont know
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dont know

17. INFORMANT Mrs. Charlotte E. Johnson
(ADDRESS) 720 West 48th St.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Mt. Moriah DATE Feb. 7, 1938

19. UNDERTAKER Freeman Mortuary & Chapel
(ADDRESS) Kansas City, Mo.

20. FILED Feb 7 1938 M. M. Browne
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 5, 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan - 31, 1938, to Feb - 5, 1938
(Last saw h. lm alive on Feb - 5, 1938. Death is said to have occurred on the date stated above, at 11 a m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	Jan - 31 1938
108	

Other contributory causes of importance:

Name of operation Clinical Date of 2/5/38
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) [illegible] M. D.
(Address) 6247 Brookside Blvd. KC Mo

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.

63rd & Brookside