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.

REC'D APR 14 1938

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

Do not use this space.

1. PLACE OF DEATH
County Buchanan / Registration District No. 85
Township ..... Primary Registration District No. 1001
City St. Joseph (No. 1 Mo. Methodist Hospital St. ..... Ward)

File No. 10236
Registered No. 375

2. FULL NAME Edward Johnson 52.5
(a) Residence, No. R.F.D. No. 4 St., ... Ward. R F D # 4 St Joseph Mo
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 5 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): Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 12 1876

7. AGE: 61 YEARS, 9 MONTHS, 19 DAYS. If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Printer
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) 1933
11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Randolph Kas /

FATHER
13. NAME Andrew Johnson ?
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Sweden ?

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

17. INFORMANT (ADDRESS) Mrs Herman Johnson R F D # 4

18. BURIAL, CREMATION, OR REMOVAL
PLACE Ashland DATE April 2 1938

19. UNDERTAKER (ADDRESS) Barg. Neffe 218 to 10

20. FILED 3/31 1938 H J Nettlebush Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mch. 31, 1938

22. I HEREBY CERTIFY, That I attended deceased from Feb 18, 1938, to Mar 31, 1938
I last saw him alive on Mar 30, 1938. Death is said to have occurred on the date stated above, at 4:30 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia (Hypostatic)	3-29-38

Other contributory causes of importance:

Chronic alcoholism	unknown
Secondary anemia	unknown

Name of operation None Date of —
What test confirmed diagnosis? Ex. & Lab. 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) E. M. Shores, M. D.
(Address) 317 Kirkpatrick Bldg St. Joseph Mo.