

3 BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

17159

1. PLACE OF DEATH

County Jackson
Township Rao
City Kansas City

Registration District No. 399
Primary Registration District No. 1002

File No. _____
Registered No. 1856

2. FULL NAME

Robert Lewis Johnson

(a) Residence, No. 2908 E 35th St., _____ Ward.
(Usual place of abode) (If nonresident, give city or town and State)

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 W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar 19-1899

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
39 1 11

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. unemployed
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 0

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

FATHER 13. NAME Stephen Johnson

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

MOTHER 15. MAIDEN NAME Martha Hubbard

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

17. INFORMANT Mrs Gertrude Johnson
(ADDRESS) 2908 E 35th

18. BURIAL, CREMATION OR REMOVAL PLACE St. Marys DATE 5/3-38

19. UNDERTAKER (ADDRESS) John B. Lupton

20. FILED May 3, 1938 M. M. Crowe
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 1, 1938

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

Death by drowning
N.M.D.
Other contributory causes of importance: 183
26

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? Yes

23. If death was due to external causes (violence, fall in also the following: accident, suicide, or homicide) also not known, 19____
Where did injury occur? 2 (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Not known
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? If so, specify _____
(Signed) John B. Lupton, M. D.
(Address) Law Dept, K.C. 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.

