

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

Do not use this space.

24554
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REC'D AUG 8 1938

1. PLACE OF DEATH

County Jackson Registration District No. 1
Township Raw Primary Registration District No. 1
City Kansas City (No. through Hospital) St. Mo. Ward

File No.
Registered No.
St. Ward

2. FULL NAME

(a) Residence, No. 525 (St. Stephens) Johnson St. Mo. Ward
(Usual place of abode) 401 Marshall

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. (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) 5-16-38

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

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
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) Kansas City Mo.

13. NAME Victor Johnson

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) 4001 Marshall Mo.

15. MOTHER'S NAME Mar Belle Emmett

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kansas Mo.

17. INFORMANT (ADDRESS) V. J. Johnson 401 Marshall

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE Laboratory of Research Hosp. Mo.

19. UNDERTAKER (ADDRESS) None

20. FILED May 28 1938 M. M. Brown Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8-4-38

22. I HEREBY CERTIFY, That I attended deceased from 5-16-38, 1938, to 5-16-38, 1938

I last saw him 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:

Prematurity (5 1/2 mo) Date of onset

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

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) W. H. Kingle, M. D.

(Address) 315 Alameda Rd

At 25—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.

