

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.

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. 398  
 Township Kaw Primary Registration District No. 7007  
 City Kansas City (No. General Hospital) St. \_\_\_\_\_ Ward \_\_\_\_\_  
 2. FULL NAME Thomas C. Johnson  
 (a) Residence, No. 6611 E 13th 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 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

34790

File No. \_\_\_\_\_  
 Registered No. 4126

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF <u>Mable Gilliam Johnson</u> (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>7/17/1884</u>		
7. AGE	YEARS <u>54</u>	MONTHS <u>3</u>
	DAYS <u>3</u>	IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Watchman</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>K. C. Southern Ry.</u>	
	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) <u>Mo</u>		
MOTHER	13. NAME <u>Andrew J. Johnson</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>No record</u>	
	15. MAIDEN NAME <u>Ellen Null</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>No record</u>	
17. INFORMANT <u>Woodrow Johnson</u> (ADDRESS) <u>6611 E 13th St.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Robertsville, Mo.</u> DATE <u>10/24/38</u>		
19. UNDERTAKER <u>Sheil Funeral Home</u> (ADDRESS) <u>6606 Indep. Ave</u>		
20. FILED <u>10-23</u> 19 <u>38</u> <u>M. M. Crowe</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10-22-38 1938

22. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 19\_\_\_\_  
 I last saw him/her on 10/22/38 at Deputy Coroner's  
 to have occurred on the date stated above, at 1:30 a.m. Death is said  
 The principal cause of death and related causes of importance were as follows:  
Automobile traumatism  
Rupture of liver & hemoperitoneum  
Bilateral fracture - dislocation of  
sacro-iliac joint  
Traumatic subdural & subarachnoid & intracerebral  
hemorrhage  
Fracture of rt femur  
Compound fracture rt. tibia & fibula  
 Date of onset \_\_\_\_\_

Other contributory causes of importance:  
Fracture of rt femur  
Compound fracture rt. tibia & fibula

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 Accident Date of injury 10-21-38  
 Where did injury occur? K.C. Mo. (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Train flagman struck  
 Nature of injury by auto

24. Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_  
 If so, specify \_\_\_\_\_  
 (Signed) Walter A. Butler M. D.  
 (Address) Gen. Hosp; K.C. Mo.

