

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

21085
Do not use this space.

1. PLACE OF DEATH
 (a) County Jackson Registration District No. 399
 (b) Township Kaw Primary Registration District No. 100
 (c) City Kansas City (d) Street No. Research Hospital St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred 20 yrs. - mos. 20 ds. (f) How long in U.S., if of foreign birth? — yrs. — mos. — ds.

2. PRINT FULL NAME Johnston, M. T. Alexander T.
 (a) Residence, No. 914 N.H. St. Lawrence Kansas St. Lawrence Kansas
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
 4. COLOR OR RACE white
 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 20, 1884

7. AGE YEARS 54 MONTHS 11 DAYS 18
 If LESS than 1 day, hrs. or min.

OCCUPATION
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Plumber and electrician for self
 9. Industry or business in which work was done, as saw mill, bank, etc. electrician for self
 10. Date deceased last worked at this occupation (month and year) June 19 37
 11. Total time (years) spent in this occupation 35

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Vinton Ohio

FATHER
 13. NAME Charles Sumner Johnston
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cambridge Ohio

MOTHER
 15. MAIDEN NAME Martha Jane Temple
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cambridge Ohio

17. INFORMANT (ADDRESS) Mrs A.T. Johnston 914 N.H. St. Lawrence Kansas

18. BURIAL, CREMATION, OR REMOVAL PLACE Lawrence Kansas DATE 6-8 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) T.D. Funk Mortuary Lawrence Kansas

20. FILE NO. June 8 1939 M.M. Brown
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 8 1939

22. I HEREBY CERTIFY, That I attended deceased from May 19 1939 to June 8 1939
 I last saw him alive on June 8 1939 Death is said to have occurred on the date stated above, at 4:45 p.m.
 The principal cause of death and related causes of importance were as follows:
BRAIN Tumor (Bilateral PARA-SAGGITAL MENINGIOMA) (non malignant) Date of onset 1934
64B

Other contributory causes of importance:
Broncho-PNEUMONIA Date of onset Jan 1 39

Name of operation Cranotomy Date of May 23 39
 What test confirmed diagnosis? Spec. Exam 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) Ronald F. Coburn, M. D.
 (Address) 730 Professional Bldg. Kansas City, Missouri

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD
 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.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

....., or by

Registered Apprentice No....., working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.