

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

Do not use this space.

27034

1927

1. PLACE OF DEATH

County Henry
Township Clinton
City Clinton (No. _____) St. _____ Ward _____

Registration District No. 347
Primary Registration District No. 3018

File No. _____
Registered No. 101

2. FULL NAME

Kenneth Lee Johnson
(a) Residence. No. _____ 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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED Mar
(write the word)

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 8 1926

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
1 2 1

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Child
(b) General nature of industry, business, or establishment in which employed (or employer) _____
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) Clinton
(STATE OR COUNTRY)

PARENTS

10. NAME OF FATHER Alva Johnson

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Henry Co
(STATE OR COUNTRY) Missouri

12. MAIDEN NAME OF MOTHER Opal Wells

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Clinton Mo
(STATE OR COUNTRY)

14. INFORMANT Mrs. Tom Johnson
(Address) Clinton Mo.

15. Sept. 12 1927 FILED Dr. E. C. Peelor REGISTRAR
by JH.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept 9 1927
17. I HEREBY CERTIFY, That I attended deceased from Aug 28 1927 to Sept 9 1927 that I last saw h. m. alive on Sept 19 1927, and that death occurred, on the date stated above, at 11:20 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Enterocolitis
119B
11313 (duration) 10 mos. 10 ds.
CONTRIBUTORY (SECONDARY) _____
(duration) _____ yrs. _____ mos. _____ ds.

18. WHERE WAS DISEASE CONTRACTED ✓
IF NOT AT PLACE OF DEATH: _____
DID AN OPERATION PRECEDE DEATH? no DATE OF ✓
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? none
(Signed) S W W Johnson M. D.
, 19 _____ (Address) Clinton Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Englewood Cem DATE OF BURIAL 9/9 1927
20. UNDERTAKER Rose & son ADDRESS Clinton 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.

