

REC'D SEP 20 1938

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

Do not use this space.

1. PLACE OF DEATH

County Clay Registration District No. 198 File No. 28631
Township Fishing River Primary Registration District No. 3011 Registered No. 108
City Excelsior Springs, Mo. (No. Veterans Administration Facility St. 3d Ward)

2. FULL NAME JOHNSON, Henry W.

(a) Residence, No. 609 Charlotte St. St. Ward. Kansas City, Mo.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 0 yrs. 1 mos. 23 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF not known

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 3, 1893

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
45 6 2

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unknown
10. Date deceased last worked at this occupation (month and year) Unknown 11. Total time (years) spent in this occupation Unknown

12. BIRTHPLACE (CITY OR TOWN) Marshall, Missouri (STATE OR COUNTRY)

FATHER
13. NAME Lee Johnson

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

MOTHER
15. MAIDEN NAME Mattie (maiden name not known)

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

17. INFORMANT Hospital Records (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL
PLACE Marshall Mo DATE 8-7-1938

19. UNDERTAKER FERGUSON UNDERTAKING COMPANY (ADDRESS) Marshall, Missouri

20. FILED Aug 6 1938 Rozina M. Cracker Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) August 5, 1938

22. I HEREBY CERTIFY, That I attended deceased from June 13, 1938, 19 , to Aug. 5, 1938, 19 .

I last saw him alive on Aug. 5, 1938, 19 . Death is said to have occurred on the date stated above, at 7:05 m. a. m. The principal cause of death and related causes of importance were as follows:

Cardiovascular disease with nephritis

Date of onset

Other contributory causes of importance:

Syphilis tertiary

Name of operation none Date of
What test confirmed diagnosis? 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?
If so, specify

(Signed) E. K. Moore M. D. Clinical Director
(Address) Veterans Administration Facility
Excelsior Springs, Missouri

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of cause of death is very important.

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 9/13/38