

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

Do not use this space.  
File No. 12551  
Registered No. 3868

**1. PLACE OF DEATH**

County..... Registration District No. 791  
Township..... Primary Registration District No. 1003  
City..... (No. St. John's Hospital..... St. .... Ward)

**2. FULL NAME** Byron Bancroft Johnson

(a) Residence. No. .... St. 12 Ward. Spencer Ind.  
(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 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 Jennie M. Johnson

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 1-6-1864

7. AGE YEARS MONTHS DAYS If LESS than 1 day, .... hrs. or .... min.  
67 2 22

8. OCCUPATION OF DECEASED  
(a) Trade, profession, or particular kind of work Ex President of the  
(b) General nature of industry, business, or establishment in which employed (or employer) American Base Ball Assn.  
(c) Name of employer

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

10. NAME OF FATHER A. B. Johnson

11. BIRTHPLACE OF FATHER (CITY OR TOWN)..... (STATE OR COUNTRY) Unknown

12. MAIDEN NAME OF MOTHER Louise L. Fox

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

14. INFORMANT Mrs. C. B. Johnson  
(Address) Spencer Ind.

15. FILED May 2 1931 REGISTRAR W. C. Stanley

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 28 1931

17. I HEREBY CERTIFY, That I attended deceased from Oct 1930, to Mar. 28 1931 that I last saw him alive on Mar 25 1931, and that death occurred, on the date stated above, at 8:12 2 m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Diabetes Mellitus  
57

(duration) 5 yrs. - mos. - ds.  
CONTRIBUTORY (SECONDARY) (duration) .... yrs. .... mos. .... ds.

18. WHERE WAS DISEASE CONTRACTED  
IF NOT AT PLACE OF DEATH.....

1 DID AN OPERATION PRECEDE DEATH? yes DATE OF Apr 1931

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Lip test  
(Signed) R. H. Lyland M. D.

3-28-1931 (Address) 3901 Park Ave

\*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 Spencer Ind DATE OF BURIAL Mar 30 1931

20. UNDERTAKER M. H. Marshall ADDRESS Union