

# DEATH

## DEPARTMENT, BUREAU OF VITAL STATISTICS

## 1. PLACE OF DEATH:

(a) Street address 3524 M St. N.W.  
 (b) Name of hospital or institution Georgetown Univ. Hospital  
 (c) Length of stay: In hospital or institution 8 mos.  
 (d) In District of Columbia \_\_\_\_\_

## 2. USUAL RESIDENCE OF DECEASED:

(a) State Maryland  
 (c) City or town Germanstown  
 (If outside city or town limits write RURAL)  
 (d) Street address \_\_\_\_\_  
 (If rural give location)  
 (e) Citizen of what country? \_\_\_\_\_

## 3. (a) FULL NAME (Print)

Walter Perry Johnson

## 3. (b) SOCIAL SECURITY NO.

None

## 3. (c) IF VETERAN, NAME WAR

No

## 4. SEX:

Male

## 5. COLOR OR RACE

White

6. (a) SINGLE, MARRIED, WIDOWED, DIVORCED

## 6. (b) NAME OF HUSBAND OR WIFE

## 7. BIRTH DATE OF DECEASED

1906

(Month) (Day) (Year)

## 8. AGE:

59

Years

Months

Days

If LESS than  
one day.....hr.  
.....min.

## 9. BIRTHPLACE

Humboldt Kansas  
(City, town or county) (State or foreign country)

## 10. USUAL OCCUPATION

Retired Prof. Baseball

## 11. INDUSTRY OR BUSINESS

## 12. NAME (Print)

Frank E. Johnson

## 13. BIRTHPLACE

Kansas  
(City, town, or county) (State or foreign country)

## 14. MAIDEN NAME (Print)

Winnifred Perry

## 15. BIRTHPLACE

California  
(City, town, or county) (State or foreign country)

## 16. (a) INFORMANT

Walter P. Johnson, Jr.

## (b) ADDRESS

Rockville, Md.

## (c) RELATION OF INFORMANT TO DECEDENT

Son

## 17. (a) PLACE OF BURIAL, CREMATION, OR REMOVAL

Rockville Union Cemetery

## (b) DATE

Dec. 13, 1946

(Month) (Day) (Year)

## 18. (a)

Wm. Pemberton Humphrey

(Signature of funeral director)

## (b) ADDRESS

Bethesda, Md.

## MEDICAL CERTIFICATION

20. DATE OF DEATH: December 10, 1946  
(Month) (Day)

at 11.40 P. m.  
(State exact time of death)

## 21. I HEREBY CERTIFY that I attended the deceased from

4/14/46, 1946 to Dec. 10, 1946

That I last saw him alive on Dec. 10, 1946  
and that death occurred on the date and hour stated above.

## Immediate cause of death

1. Cerebral Neoplasm

2. Multiple pulmonary infarction

Due to 1. X

2. Phlebotomiasis

Due to \_\_\_\_\_

## Other conditions

(Include report of pregnancy within 3 months of death)

## OPERATION:

Name Taphine Denticulogonum 6/1/46

Major findings Cerebral Neoplasm

Autopsy findings Confirm above

## DURATION

9 mos.

3 mos.

3 mos.

## PHYSICIAN

Underline the  
cause to which  
death should be  
charged statistically.

## 22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_

(b) Date of occurrence \_\_\_\_\_

(c) Where did injury occur? \_\_\_\_\_  
(City or town) (County) (State)

(d) Did injury occur in or about home, in industrial place, in public place? \_\_\_\_\_  
(Specify type of place)

(e) Means of injury \_\_\_\_\_

23. SIGNATURE Thos. F. Reliber M.D.

Address 115 D. Conn. Ave. N.W. Date signed 12/10/46