

BIRTH NO.

COOPERATING WITH NATIONAL OFFICE OF VITAL STATISTICS

DEATH NO.

51-04018

1. NAME **HARRY** **STEAMBOAT** **JOHNSON** 2. DATE OF DEATH **FEB 20 1951**  
FIRST MIDDLE LAST MONTH DAY YEAR3. COLOR OR RACE **WHITE** 4. SEX **MALE** 5. SINGLE, MARRIED, WIDOWED, DIVORCED (SPECIFY) **MARRIED** 6. DATE OF BIRTH **3-26-84** 7. AGE (IN YEARS LAST BIRTHDAY) **66** 8. IF UNDER 1 YR. MONTHS DAYS 9. IF UNDER 24 HRS. HOURS MINS.

8. PLACE OF DEATH 9. USUAL RESIDENCE OF DECEASED (Where Deceased Lived, If Institution, Residence Before Admission)

A. COUNTY **SHELBY** B. CIVIL DISTRICT **5** A. STATE **TENN** B. COUNTY **SHELBY** C. CIVIL DISTRICT **5**C. CITY OR TOWN (IF OUTSIDE CITY LIMITS, WRITE RURAL) **MEMPHIS** D. LENGTH OF STAY IN THIS PLACE **24 DAYS** D. CITY OR TOWN (IF OUTSIDE CITY LIMITS, WRITE RURAL) **MEMPHIS**E. NAME OF HOSPITAL OR INSTITUTION (If not in Hospital or Institution, Give Street Address and Location) **JOHN GASTON HOSPITAL** E. STREET (IF RURAL, GIVE LOCATION) ADDRESS **903 N AVALON**10A. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) **UMPIRE** 10B. KIND OF BUSINESS OR INDUSTRY **BASEBALL** 11. SOCIAL SECURITY NUMBER **UNKNOWN**12. WAS DECEASED EVER IN U.S. ARMED FORCES? SPECIFY, YES, NO, UNKNOWN **UNK** IF YES, GIVE WAR AND DATES OF SERVICE **UNK** 13. BIRTHPLACE (State or Foreign Country) **PENNSYLVANIA** 14. CITIZEN OF WHAT COUNTRY? **USA**15. FATHER'S NAME **SAMUEL JOHNSON** 16. MOTHER'S MAIDEN NAME **ROSALIA STIMPFL** 17. INFORMANT ADDRESS **101 TRAILKILL CRO MAULSON**

## MEDICAL CERTIFICATION

INTERVAL BETWEEN ONSET AND DEATH

18. CAUSE OF DEATH 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* **(A) Myocardial infarction**

ANTECEDENT CAUSES

MORBID CONDITIONS, IF ANY, GIVING RISE TO ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST. **DUE TO (B) arteriosclerotic heart disease****DUE TO (C)**2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH **Divertic. Citis of colon with vesicle - sigmoid fistula**19A. DATE OF OPERATION **2-20-51** 19B. MAJOR FINDINGS OF OPERATION **Diverticulitis of colon** 20A. AUTOPSY YES  NO  20B. FINDINGS AT AUTOPSY **SEE REPORT**21A. ACCIDENT SUICIDE HOMICIDE (SPECIFY) 21B. PLACE OF INJURY (In or About Home, Farm, Factory, Street, Office Build'g, etc.) 21C. PLACE OF INJURY CITY, TOWN OR RURAL COUNTY STATE **MAC 2 20 51**21D. TIME OF INJURY MONTH DAY YEAR HOUR 21E. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK  21F. HOW DID INJURY OCCUR? **STATE HOSPITAL**

22. I HEREBY CERTIFY THAT THE DECEASED DIED ON THE DATE AND FROM THE CAUSE STATED ABOVE

SIGNATURE **Robert S. Cartwright** M.D. OTHER (SPECIFY)  ADDRESS DATE23A. BURIAL, CREMATION, REMOVAL (SPECIFY) **Burial** 23B. DATE OF BURIAL, CREMATION, OR REMOVAL **2-22-51** 23C. NAME OF Cemetery or Crematory **Memorial Park** 23D. LOCATION CITY, TOWN OR COUNTY STATE **Memphis Tenn.**24. FUNERAL DIRECTOR ADDRESS 25. REGISTRATION DIST. NO. **792** 26. DATE SIGNED BY LOCAL REG. **FEB 26 1951** 27. REGISTRAR'S SIGNATURE **L. B. Brant**