

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

Do not use this space.

8115

1. PLACE OF DEATH  
 County Jackson Registration District No. 399  
 Township Saw Primary Registration District No. 1002  
 City Kansas City (No. 5711) Charlotte St.                      Ward                       
 2. FULL NAME Nellie Gertrude Johnson  
 (a) Residence No. 5711 Charlotte St.                      Ward                       
 (Usual place of abode) (If nonresident give city or town and State)  
 Length of residence in city or town where death occurred 11 yrs.                      mos.                      ds. How long in U.S., if of foreign birth?                      yrs.                      mos.                      ds.

File No.                       
 Registered No. 957  
 St.                      Ward                     

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX F 4. COLOR OR RACE wh 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF James S. Johnson  
 6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug. 17, 1866  
 7. AGE YEARS MONTHS Days If LESS than 1 day, hrs. min.  
60 | 6 | 18 |                       
 8. OCCUPATION OF DECEASED  
 (a) Trade, profession, or particular kind of work Housewife  
 (b) General nature of industry, business, or establishment in which employed (or employer)  
 (c) Name of employer  
 9. BIRTHPLACE (CITY OR TOWN) Ottawa  
 (STATE OR COUNTRY) Ohio  
 10. NAME OF FATHER Jno. N. Campbell  
 11. BIRTHPLACE OF FATHER (CITY OR TOWN)                       
 (STATE OR COUNTRY) Ohio  
 12. MAIDEN NAME OF MOTHER Matley, Fanny  
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN)                       
 (STATE OR COUNTRY) Ohio

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 5 1927  
 17. I HEREBY CERTIFY, That I attended deceased from November 29, 1926 to March 5, 1927, and that I last saw him alive on March 5, 1927, and that death occurred, on the date stated above, at 8:15 P.  
 THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Apoplexy (Cerebral Hemorrhage)  
121  
1 yr. (duration) 3 hours mos. ds.  
 CONTRIBUTORY Chronic Nephritis High Blood Pressure 225 mm. (duration) 4 yrs. mos. ds.  
 (SECONDARY) to my knowledge  
 18. WHERE WAS DISEASE CONTRACTED                       
 (IF NOT AT PLACE OF DEATH, STATE)  
 DID AN OPERATION PRECEDE DEATH? no DATE OF                       
 WAS THERE AN AUTOPSY? no  
 WHAT TEST CONFIRMED DIAGNOSIS? Shard test -  
 (Signed) Reese B. Jensen M. D.  
3/6 1927 (Address) 420 S. Hubert Bldg  
 \*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 Mt. Moriah DATE OF BURIAL Feb 8 1927  
 20. UNDERTAKER A. H. Newcomer's Sons ADDRESS                     

14. INFORMANT James Stanley Johnson  
 (Address) 5711 Charlotte  
 15. FILED 3/7, 1927 M. M. Crowe  
Asst REGISTRAR

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.

714  
Vic. 3.3.11.

12:30 - 1; 2 - on -