

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

Do not use this space.

30319

1. PLACE OF DEATH

County Jackson Registration District No. 399 File No. 5
 Township Raw Primary Registration District No. 2 Registered No. 3825
 City Kansas City (No. Vineyard Park Hope) Ward

2. FULL NAME

Elizabeth Mabel Johnson
 (a) Residence No. 2458 Benton St., 11 Ward.
 (Usual place of abode) (If nonresident give city or town and State)
 Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 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 Alvin B. Johnson

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct-4-1901

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
26 | 0 | 6 | 0 hrs. 0 min.

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) Hopkins
 (STATE OR COUNTRY) Madaway Co. Mo.

PARENTS

10. NAME OF FATHER C. H. Fleming

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Madaway Co. Mo.

12. MAIDEN NAME OF MOTHER Elizabeth Mabel Wood

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Madaway Co. Mo.

14. INFORMANT Alvin B. Johnson
 (Address) 2458 Benton K.C. Mo.

15. FILED 10/10 27 M.M. Corwin REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct 10 1927

17. I HEREBY CERTIFY, That I attended deceased from Sept 15, 1927, to Oct 10, 1927 that I last saw h. alive on Oct 9, 1927, and that death occurred, on the date stated above, at 3 30 m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cholecystitis & Cholangitis
1213
127B

(duration) yrs. mos. 14 ds.

CONTRIBUTORY (SECONDARY) Appendicitis

(duration) yrs. mos. 27 da.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH...

DID AN OPERATION PRECEDE DEATH? DATE OF Sept 29 27
 WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) J. H. Sheldon, M. D.

*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 Hopkins, Mo. DATE OF BURIAL Oct-12-1927

20. UMBERTAKER Taylor Funeral Home ADDRESS K.C. Mo.

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.

