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

Do not use this space.

File No. 33655

Registered No. 4425

1. PLACE OF DEATH
County: Jackson — Registration District No.: 1909
Township: Kaw — Primary Registration District No.: 3949
City: Kansas City (No. 4902 Baltimore St. Ward)

2. FULL NAME: Mrs Hazel L. Johnson

(a) Residence. No. 4902 Baltimore St., Ward. (Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred: 30 yrs. mos. 8 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

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: Harold N. Johnson

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Apr 2-1891

7. AGE: Years 36 | Months 7 | Days 17 | If LESS than 1 day, ___ hrs. or ___ min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: At home.
(b) General nature of industry, business, or establishment in which employed (or employer): 48
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY): Kansas

PARENTS
10. NAME OF FATHER: Augustus J. Hake
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY): Pa
12. MAIDEN NAME OF MOTHER: Nettie Robb.
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY): Pa.

14. INFORMANT: Freeman Mort
(Address): 42nd & Baltimore

15. FILED: 11/21/27 19 M. M. Crane Registrar
Asst

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Nov. 19, 1927.

17. I HEREBY CERTIFY, That I attended deceased from Dec. 1, 1926, to Nov 19, 1927 that I last saw h. alive on Nov 19, 1927, and that death occurred, on the date stated above, at 3:30 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cerebral Scerosis
(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY): Nephritis
(duration) yrs. mos. ds.

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

DID AN OPERATION PRECEDE DEATH? no. DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) Glen A. Stevens, M.D.
11-21 1927 (Address) 844 Tracy

*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: 11/22/27

20. UNDERTAKER: The Freeman Mortuary 42nd Baltimore — ADDRESS

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.

WRITE WITH UNFADING INK—THIS IS A PERMANENT RECORD

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