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

Do not use this space.

1426

1. PLACE OF DEATH

County: Jackson — Registration District No.: 399 — File No.:

Township: Kaw — Primary Registration District No.: 1002 — Registered No.: 450

City: Kansas City (No. Trinity Lutheran Hospital St. Ward)

2. FULL NAME MARY KATHRINE JOHNSON ZUMWALT

(a) Residence. No. 1712 Princeton St., Ward. (If nonresident give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. 5 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

3

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Female	White	married

5a. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF James W. Zumwalt

6. DATE OF BIRTH (MONTH, DAY AND YEAR) February 11, 1900

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	27	11	20	

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):
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY) Missouri

PARENTS
10. NAME OF FATHER George W. Johnson
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY) Missouri
12. MAIDEN NAME OF MOTHER Ann Givens
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) not known

14. INFORMANT James W. Zumwalt
(Address) 1712 Princeton

15. FILED Jan 31, 1928 M. M. Crowe Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jany. 31 1928

17. I HEREBY CERTIFY, That I attended deceased from Jan 5, 1928, to Jan 31, 1928, that I last saw h. alive on Jan 31, 1928, and that death occurred, on the date stated above, at 4 A. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

1. (a) Thyrotoxicosis
(b) 600 (duration) yrs. 6 mos. ds.

CONTRIBUTORY (SECONDARY) Acute Myocarditis (duration) yrs. mos. 1/2 ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? Don't Know
DID AN OPERATION PRECEDE DEATH? yes. DATE OF Jan 30-1928
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Basal Metabolism +
(Signed) Compton J. W. Brandeberry, M. D.
1/31, 1928 (Address) 3600 Broadway KC Mo.

*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~~: Belton, Missouri — DATE OF BURIAL: 2-1-1928

20. UNDERTAKER: Stine + McClure — ADDRESS: 924 Oak

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.

3605½ Broadway