WHITE PAPER ONLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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.

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

Do not use this space.

5121

File No.

Registered No. 783

1. PLACE OF DEATH

County: Jackson

Township: Kan

City: Kansas City (No. 2819 Madison St. Ward)

Registration District No.

Primary Registration District No.

2. FULL NAME Adolph Johnson

(a) Residence. No. 2819 Madison St., 3 Ward.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U.S., if of foreign birth? 50 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
Male	White	Wid.

5a. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Charlotte Johnson

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Nov. 9 1851

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
76	3	12	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer): Ret. 10 yrs.

(c) Name of employer

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

PARENTS

10. NAME OF FATHER: Gustave Johnson

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Sweden

12. MAIDEN NAME OF MOTHER: No record

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): No record

14. INFORMANT: Mr. Gus Johnson
(Address) 2819 Madison

15. FILED 2-21, 1928 M M Crane Asst REGISTRAR

MEDICAL CERTIFICATE OF DEATH

2

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb. 21 1928

17. I HEREBY CERTIFY, That I attended deceased from Dec 27, 1927 to Feb 21, 1928 that I last saw him alive on Feb 20, 1928, and that death occurred, on the date stated above, at 8.30 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Ca Pancreas Pyloric
130 Stomach
44 A

(duration) yrs. 2 mos. ds.

CONTRIBUTORY (SECONDARY) Acute Nephritis

(duration) yrs. 1 mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH?

0 DID AN OPERATION PRECEDE DEATH? No DATE OF

WAS THERE AN AUTOPSY? Partial

WHAT TEST CONFIRMED DIAGNOSIS? Part of Autopsy + Clinical

(Signed) Theodore Anderson, M. D.

2/21, 1928 (Address) 1317 Rialto 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	DATE OF BURIAL
Elmwoodes	Feb. 23 1928
20. UNDERTAKER	**ADDRESS**
H.W.Gates	K.C.K.