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

Do not use this space.

13602

1. PLACE OF DEATH
County: Jackson — Registration District No.: 399 — File No.:
Township: Kaw — Primary Registration District No.: 1002 — Registered No.: 4127
City: Kansas City (No. Trinity Luthern Hospital St. Ward)

2. FULL NAME: Sven L. Johnson
(a) Residence. No. 4138 Holly St., 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. ds. How long in U.S., if of foreign birth? 4 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: -----

6. DATE OF BIRTH (MONTH, DAY AND YEAR): July 26, 1909

7. AGE: Years 18 — Months 9 — Days 2 — If LESS than 1 day, ... hrs. or ... min.

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

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

PARENTS
10. NAME OF FATHER: Axel Johnson
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Sweeden
12. MAIDEN NAME OF MOTHER: Agedda Earnant
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Sweeden

14. INFORMANT: John L. Johnson
(Address): 4128 Holly

15. FILED 4/30, 1928 M. M. Crowe Asst. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Apr. 28 1928

17. I HEREBY CERTIFY, That I attended deceased from 4/20, 1928, to 4/28, 1928 that I last saw him alive on 4/28, 1928, and that death occurred, on the date stated above, at 12:45 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Pneumonia Lobar

10 R 9 R 1010 (duration) yrs. mos. 8 ds.

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

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? 4138 Holly St.
DID AN OPERATION PRECEDE DEATH? No. DATE OF
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Symptoms & physical findings
(Signed) J. W. Gravenhorst, M.D.
4/29, 1928 (Address) 3605½ Broadway K.C. 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: Forest Hill — DATE OF BURIAL: 4/30/28 19

20. UNDERTAKER: P.V. LINDSEY & SONS — ADDRESS: City

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.