

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

Do not use this space.

17035

**1. PLACE OF DEATH**

County Jackson Registration District No. 399 File No. 2002  
 Township St. Lawrence Primary Registration District No. 100 Registered No. 2002  
 City Kansas City (No. Vineyard Park (Ward) Ward)

**2. FULL NAME**

Nancy Jane Johnson  
 (a) Residence No. 5 Ward. Fort Scott, Kans.  
 (Usual place of abode) (If nonresident give city or town and State)  
 Length of residence in city or town where death occurred yrs. mos. 21 da. How long in U.S., if of foreign birth? yrs. mos. da.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX F 4. COLOR OR RACE wh 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF J M Johnson

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June - unknown  
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. About 60

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) (STATE OR COUNTRY) Jackson Co, Mo.

10. NAME OF FATHER George Thomas

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

12. MAIDEN NAME OF MOTHER Miss Hall

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

14. INFORMANT John R. Johnson  
 (Address) 2308 Fairview - Kansas

15. May 4, 25 M. M. Brown REGISTRAR  
Asst

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 4 1928

17. I HEREBY CERTIFY, That I attended deceased from April 18, 1928, to May 4, 1928 that I last saw her alive on May 4, 1928, and that death occurred, on the date stated above, at 1210 W. 127A.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Empyema of Gall bladder  
1210 W. 127A

(duration) yrs. 1 mos. 14 da.  
 CONTRIBUTORY (SECONDARY) Gall stones  
 (duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED  
 IF NOT AT PLACE OF DEATH 1210 W. 127A

4. DID AN OPERATION PRECEDE DEATH? DATE OF \_\_\_\_\_  
 WAS THERE AN AUTOPSY? \_\_\_\_\_

WHAT TEST CONFIRMED DIAGNOSIS?  
 (Signed) Nancy J. Blanford, M. D.  
74, 1928 (Address) 1722 W 139

\*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  
Kans. Fort Scott, Kans. 5-4 1928

20. UNDERTAKER ADDRESS  
A. M. Newcomer South 26th Mo.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

K. 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.

4009 Bell

1922 27. 39<sup>th</sup> St.

Val. 8794.

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