

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

Do not use this space.

30667

1. PLACE OF DEATH

County Jackson
Township Hart
City Kansas City (No. St. Joseph Hospital)

Registration District No. 399
Primary Registration District No. 1052

File No. _____
Registered No. 1058
St. _____ Ward _____

2. FULL NAME

(a) Residence. No. 3301 Ashcroft St., 14 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? 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) Sept 24 1927

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day (hrs. or min.)
				<u>4 1/2 hrs.</u>

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Child
(b) General nature of industry, business, or establishment in which employed (or employer) _____
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) St. Joseph Hospital
(STATE OR COUNTRY) _____

10. NAME OF FATHER Roy Gilbert Johnston

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

12. MAIDEN NAME OF MOTHER Myrtle Edna Lowrey

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

14. INFORMANT Roy S. Johnston
(Address) 3301 Ashcroft

15. FILED 9/25 28 M. M. Crowe
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept 24 1928

17. I HEREBY CERTIFY, That I attended deceased from Sept 24 to Sept 24, 1928
that I last saw her alive on _____, 19____, and that death occurred, on the date stated above, at _____ m.

THE CAUSE OF DEATH WAS AS FOLLOWS:

premature
Intra uterine life of 6 mon. and 3 hrs. (duration)
CONTRIBUTORY premature
(SECONDARY) (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED 161 W
IF NOT AT PLACE OF DEATH? _____

DID AN OPERATION PRECEDE DEATH? no DATE OF _____
WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? _____
(Signed) M. A. Hanna, M. D.
9/25, 1928 (Address) 706 Realtel

*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 Sept 27 1928

20. UNDERTAKER Elyar Funeral Home 1800 Lindwood
ADDRESS _____

WRITE PLAINLY, 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.

