

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

Do not use this space.

54 1467

**1. PLACE OF DEATH**

County Jackson

Registration District No. \_\_\_\_\_

File No. \_\_\_\_\_

Township Law

Primary Registration District No. \_\_\_\_\_

Registered No. \_\_\_\_\_

City Kansas City

(No. Gen. Hospital #2)

St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Johnson, Luc Alley

(a) Residence, No. 2051, Holmes 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 1 yrs. 0 mos. 9 ds. How long in U.S., if of foreign birth? \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

**PERSONAL AND STATISTICAL PARTICULARS**

**3. SEX**

male

**4. COLOR OR RACE**

colored

**5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)**  
single child

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

**6. DATE OF BIRTH (MONTH, DAY AND YEAR)**

Dec. 25, 1927

**7. AGE**

YEARS

MONTHS

DAYS

If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

1

0

9

**8. OCCUPATION OF DECEASED**

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

Infant

(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)

Kansas City, Mo.

**10. NAME OF FATHER**

Johnson, Sam

**11. BIRTHPLACE OF FATHER (CITY OR TOWN)**

(STATE OR COUNTRY)

Texa

**12. MAIDEN NAME OF MOTHER**

Chandler, Eva

**13. BIRTHPLACE OF MOTHER (CITY OR TOWN)**

(STATE OR COUNTRY)

Texa

**14.**

INFORMANT (Address)

Johnson, Eva  
2051 Holmes

**15.**

FILED

1/5/29 Dr M. Moore  
Asst

REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

**16. DATE OF DEATH (MONTH, DAY AND YEAR)**

Jan. 3 1929

**17.**

I HEREBY CERTIFY That I attended deceased from 12-22, 1928, to 1, 1929, that I last saw him alive on 1-3, 1929, and that death occurred, on the date stated above, at 4:20 P.M.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Broncho-Pneumonia

**CONTRIBUTORY (SECONDARY)**

Anoxemia

**18. WHERE WAS DISEASE CONTRACTED**

IF NOT AT PLACE OF DEATH: \_\_\_\_\_

**19. DID AN OPERATION PRECEDE DEATH?**

DATE OF \_\_\_\_\_

WAS THERE AN AUTOPSY? no

**WHAT TEST CONFIRMED DIAGNOSIS?**

Clinical & Laboratory

(Signed)

H. B. Smith, M.D.

(Address)

Old City Hospital

\*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**

Blue Ridge Lawn Cemetery

1/5 1929

**20. UNDERTAKER**

**ADDRESS**

H. B. Moore

1820 E. 18th St.

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.

