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.

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

Do not use this space.

1528

1. PLACE OF DEATH

County Jackson Registration District No. 399 File No. 118

Township Kaw Primary Registration District No. 1002 Registered No. 1

City Kansas City (No. 2614 Woodland St. .... Ward)

2. FULL NAME Anna Johnson

(a) Residence. No. 2614 Woodland St. 4 Ward. (If nonresident give city or town and State)

(Usual place of abode)

Length of residence in city or town where death occurred 7 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female

4. COLOR OR RACE Col

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widow

5a. If Married, Widowed, or Divorced HUSBAND of (or) WIFE of Green Johnson

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug 20, 1877

7. AGE Years 51 Months 4 Days 18. If LESS than 1 day, ...hrs. or ....min.

8. OCCUPATION OF DECEASED

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

(b) General nature of industry, business, or establishment in which employed (or employer) at home

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Franklin

(STATE OR COUNTRY) Tenn.

PARENTS

10. NAME OF FATHER Washington Jordan

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY) Not Known

12. MAIDEN NAME OF MOTHER Mahaly Petway

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY) Unknown

14. INFORMANT Mrs Lillie Walker

(Address) 2614 Woodland

15. FILED 1-10, 1929 M. M. Crown asst REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 8 1929

17. I HEREBY CERTIFY, That I attended deceased from Jan 8, 1929, to ...., 19..

that I last saw h... alive on Jan 8, 1929, and that death occurred, on the date stated above, at 1.35 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cerebral Apoplexy

(duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (SECONDARY) Arteriosclerosis

(duration) ....yrs. ....mos. ....ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? —

DID AN OPERATION PRECEDE DEATH? no DATE OF

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? none

(Signed) A. N. Thompson, M. D

1/10, 1929 (Address) 1517 E. 18th

*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 Highland

DATE OF BURIAL Jan. 11, 1929

20. UNDERTAKER Adkins Bros

ADDRESS 2000 E. 12th