

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

Do not use this space.

6555

**1. PLACE OF DEATH**

County Jackson  
Township Kaw  
City K.C. Mo

Registration District No. 399  
Primary Registration District No. 1002

File No. 718  
Registered No. 718  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

(a) Residence. No. 2346 Drury 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. da. How long in U.S., if of foreign birth? yrs. mos. da.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb 10 - 1878

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
70 | 11 | 28 | 2 hrs. 30 min.

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

9. BIRTHPLACE (CITY OR TOWN) Sparks  
(STATE OR COUNTRY) Missouri

10. NAME OF FATHER unknown

11. BIRTHPLACE OF FATHER (CITY OR TOWN) unknown  
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) unknown  
(STATE OR COUNTRY)

14. INFORMANT Howard L. Johnson  
(Address) 2346 Drury

15. FILED 2-12-29 MM Emm Asst REGISTRAR

**2 MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb 12 1928

17. I HEREBY CERTIFY, That I attended deceased from October 10, 1929 to Feb 11, 1929  
that I last saw him live on Feb 11, 1929, and that death occurred, on the date stated above, at 3:23 p.m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Chronic Myocarditis  
93C  
16. B

CONTRIBUTORY Chronic Bronchitis  
(SECONDARY)  
(duration) 3 1/2 yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED At home  
IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? no  
WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Direct Examination  
(Signed) Melton B. Casbolt, M. D.  
272, 1913 (Address) 1207 Kallista Bldg K.P. 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 Springfield Mo. DATE OF BURIAL Feb 14 1929

20. UNDERTAKER Roe & Anderson ADDRESS 15 Jackson

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.

WRITE IN FULL, WITH UNFADING INK—THIS IS A PERMANENT RECORD

Dr. M. B. Coakley -  
1207 Route -  
Main 0782 .