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

Do not use this space.

10838

1. PLACE OF DEATH
County Jackson
Township Raw
City Kansas City Mo. (No. 618 Cottage Lane St. Ward)
Registration District No. 299
Primary Registration District No. 2
File No.
Registered No.

2. FULL NAME Frank Johnson Jr.
(a) Residence. No. 618 Cottage Lane St., 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 col
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Dec 6 1924

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec 6 1924

7. AGE Years 4 Months 3 Days 14 If LESS than 1 day, hrs. or min.

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) Kansas City Mo.
(STATE OR COUNTRY)

PARENTS
10. NAME OF FATHER Frank Johnson
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Mo
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER Gene Womack
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Texas
(STATE OR COUNTRY)

14. INFORMANT Frank Johnson
(Address) 561 Harrison St.

15. FILED 3/18 1929 M. M. Crowe REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Mch. 17 1929.

17. I HEREBY CERTIFY, That I attended deceased from Mar 16, 1929, to Mar 17, 1929 that I last saw him alive on Mar 17, 1929, and that death occurred, on the date stated above, at 105 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Acute Broncho-Pneumonia
(duration) yrs. mos. 5 ds.

CONTRIBUTORY (SECONDARY) Acute Bronchitis
(duration) unknown yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? unknown
DID AN OPERATION PRECEDE DEATH? No DATE OF
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Clinical - Physical
(Signed) L. E. Williams, M. D., M. D
3/18, 1929 (Address) 1433 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 Blue Ridge Lawn
DATE OF BURIAL 3/20 1929

20. UNDERTAKER H. B. Moore
ADDRESS 1820 E 18th

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.

WHITE PLANET, WITH UNFADING INK—THIS IS A PERMANENT RECORD

1433 & 18