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

Do not use this space.

14911

File No. 1956

Registered No.

1. PLACE OF DEATH
County Jackson
Township Kane
City Kansas City (No. 2117 Aberdeen Ct. St. Ward)
Registration District No.
Primary Registration District No. 9

2. FULL NAME John H. Johnson
(a) Residence. No. 2117 Aberdeen Ct. 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 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 16 1858

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
70	10	10	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Farmer
(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) Sweeden

PARENTS
10. NAME OF FATHER A Johnson
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Sweeden
12. MAIDEN NAME OF MOTHER Eva
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Sweeden

14. INFORMANT Mrs. Phil H. Westendick
(Address) 2117 Aberdeen Ct

15. FILED 4/27, 1929 M. M. Crowe REGISTRAR Asst

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Apr 26 1929

17. I HEREBY CERTIFY, That I attended deceased from July, 1925, to Apr 26, 1929 that I last saw him alive on Apr 26, 1929, and that death occurred, on the date stated above, at 11 45 a m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
TIA
Pernicious Anaemia
(duration) 2 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 58A
(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? Blood Count
(Signed) E W Blanchar, M. D.
Apr 27, 1929 (Address) 1735 Rialto Bldg

*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 Jerkoo Spg Mo
DATE OF BURIAL 4-28 1929

20. UNDERTAKER Mrs. C. L. Forster
ADDRESS K. C. Mo.

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.

24
24
24

371 J