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

Do not use this space.
21693
2833

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1. PLACE OF DEATH
County Jackson
Township Kan
City K.C. Mo. (No. 1401 E. 27th St. St. Ward)
Registration District No. 1002
Primary Registration District No.
File No.
Registered No.

2. FULL NAME Ada Margaret Johnson
(a) Residence. No. 1401-E-27th St., 4 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: Fe
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec-19-1897

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
31	6	8	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work At Home
(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 Andrew Holstrom
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Sweeden
12. MAIDEN NAME OF MOTHER Anna Yetherbeay
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Sweeden

14. INFORMANT George Holstrom
(Address) 1401 East 27th

15. FILED 6/28, 1929 M M Crowe asst. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 27, 1929

17. I HEREBY CERTIFY, That I attended deceased from June 26, 1929, to June 27, 1929 that I last saw her alive on June 27, 1929, and that death occurred, on the date stated above, at 6:30 PM m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

92A Chronic Myocarditis
99C
56E (duration) yrs. 8 mos. ds.

CONTRIBUTORY (SECONDARY) Mitral Stenosis - Acute Rheumatic Fever (duration) 15 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH Michigan
DID AN OPERATION PRECEDE DEATH? No. DATE OF
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) Carl R. Ferris, M. D.
June 28, 1929 (Address) 934 Argyle Bldg Kansas City 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: Escanaba, Michigan
DATE OF BURIAL: 6-29 1929

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

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.

THIS IS A PERMANENT RECORD

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