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.

21737

File No. 2872

Registered No. .....

1. PLACE OF DEATH
County Jackson — Registration District No. 369
Township Raw — Primary Registration District No. 1002
City K.C. (No. 324 Wabash St. ..... Ward)

2. FULL NAME Baby Johnson
(a) Residence. No. 324 Wabash St., 9 Ward. (If nonresident give city or town and State)
(Usual place of abode)
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): Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Child

6. DATE OF BIRTH (MONTH, DAY AND YEAR): June 30 - 1929

7. AGE: Years — Months — Days — If LESS than 1 day, 5 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) (STATE OR COUNTRY): Kansas City Mo

PARENTS
10. NAME OF FATHER: Terry L. Johnson
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Mo
12. MAIDEN NAME OF MOTHER: Helen L. Boughton
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Mo

14. INFORMANT: Terry L. Johnson
(Address) 324 Wabash

15. FILED 7/1 1929 M. M. Crowe asst. REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

2

16. DATE OF DEATH (MONTH, DAY AND YEAR): June 30 1929

17. I HEREBY CERTIFY, That I attended deceased from on June 30, 1929, to 6-30, 1929 that I last saw him alive on 6-30, 1929, and that death occurred, on the date stated above, at 9 27 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Congenital Heart Disease
159
159 (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY): Premature birth
(duration) yrs. mos. ds.

161a

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

7/1 (Signed) A R Greenlee, M.D.
, 1929 (Address) 405 Wirthman 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: Highland Park Cem — DATE OF BURIAL: July 1 1929

20. UNDERTAKER: John A. Musser — ADDRESS: 1415 315