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

Do not use this space. 30778 3800

1. PLACE OF DEATH
County: Jackson — Registration District No. 399 — File No.
Township: Kaw — Primary Registration District No. 1002 — Registered No.
City: Kansas City (No. 4544 Penn St. Ward)

2. FULL NAME: Bertie L. Johnston
(a) Residence. No. 4544 Penn St., 7 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. 7 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
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: George B. Johnston

6. DATE OF BIRTH (MONTH, DAY AND YEAR): March 4th, 1887

7. AGE — Years: *42- Months: *6- Days: -1- If LESS than 1 day, ... hrs. or ... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Housewife
(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): Kentucky

PARENTS
10. NAME OF FATHER: John M. Thomas
11. BIRTHPLACE OF FATHER (CITY OR TOWN):
(STATE OR COUNTRY): Kentucky
12. MAIDEN NAME OF MOTHER: Ida Mattingly
13. BIRTHPLACE OF MOTHER (CITY OR TOWN):
(STATE OR COUNTRY): Kentucky

14. INFORMANT: Geo B. Johnston
(Address): 4544 Penn

15. FILED: 9/8, 1929 M. M. Crowe asst. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Sept. 5th 1929

17. I HEREBY CERTIFY, That I attended deceased from June 7, 1929, to Sept 5, 1929, that I last saw her alive on Sept 4, 1929, and that death occurred, on the date stated above, at 2:35 P.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Pulmonary Tuberculosis
(duration) 6 mos.

CONTRIBUTORY (SECONDARY)
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? do not know
DID AN OPERATION PRECEDE DEATH? yes DATE OF 8-20-29
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? X Ray Sputum & clinical
(Signed) Earl Shuler, M. D
9/6, 1929 (Address) 713 Linwood Blvd 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: St. Mary's — DATE OF BURIAL: Sept 9 1929
20. UNDERTAKER: R. V. Lindsey & Son — ADDRESS: Kansas City, 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.

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD