

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

Do not use this space.

12688

1. PLACE OF DEATH

County Jackson Registration District No. 390 File No. 1615
 Township New Primary Registration District No. 1002 Registered No. _____
 City Kansas City, Mo. 2943 Highland St. _____ Ward _____

2. FULL NAME

Bora Virginia Johnson
 (a) Residence No. 3601 Prospect 13 Ward. (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 7 4. COLOR OR RACE wh 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Separated

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec 7, 1885

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
44 4 4

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Originator
 (b) General nature of industry, business, or establishment in which employed (or employer). Designer
Supply Case
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY) Kansas

10. NAME OF FATHER

Geo. Hellegas

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY) Ind.

12. MAIDEN NAME OF MOTHER

Elvira J. Fisher

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY) Mo

14. INFORMANT

(Address) Mrs. Orville Gaffney
3601 Prospect

15. FILED

4/12/30 M. M. Crone
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 11 1930

17. I HEREBY CERTIFY, That I attended deceased from Nov 10, 1929, Apr 11, 1930 that I last saw h. w. alive on Apr 11, 1930 and that death occurred, on the date stated above, at 3:30 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Carcinoma of ovary

CONTRIBUTORY (SECONDARY)

49A (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH? yes DATE OF Nov 14-1929

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Regular

(Signed) Conrad W. Brown, M. D.

*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

DATE OF BURIAL

Chetopa, Kansas Apr 13 1930

20. UNDERTAKER

ADDRESS

S. H. Newcomer's Sons

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.

WHILE FLEETING, WITH UNPAIDING MIND—THIS IS A PERMANENT RECORD

65 a Row of Trade
10th & Wagon Road