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.

26978

1. PLACE OF DEATH
County Jackson — Registration District No. 399 — File No.
Township Kaw — Primary Registration District No. 1002 — Registered No. 3505
City Kansas City (No. Kansas City Gen. Hosp. St. 3505 Ward)

2. FULL NAME Harold Johnson
(a) Residence. No. 1627 Spruce St., 12 Ward. (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred yrs. 2 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word): Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 17-1930

7. AGE — YEARS — MONTHS 2 — DAYS 14 — If LESS than 1 day, ...hrs. or ....min.
8 weeks

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) Kansas City
(STATE OR COUNTRY) Mo

PARENTS
10. NAME OF FATHER Ralph Johnson
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY) Oklahoma
12. MAIDEN NAME OF MOTHER Aileen Liston
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) Kansas

14. INFORMANT Record Clerk
(Address) K. C. General Hosp.

15. FILED 9/1, 1930 M. M. Crowe Asst REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 8-31 1930

17. I HEREBY CERTIFY, That I attended deceased from 8-9, 1930 to 8-31, 1930 that I last saw her alive on 8-31, 1930 and that death occurred, on the date stated above, at 7:00 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Congenital Hydrocephalus
157A (duration) yrs. mos. ds.
CONTRIBUTORY (SECONDARY) 154A (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? yes
WHAT TEST CONFIRMED DIAGNOSIS? Clin. Find & Autopsy
(Signed) P. E. Williams, M. D.
9-1, 1930 (Address) Supt K. C. Gen. Hosp.

*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 — DATE OF BURIAL: Sep 2 1930

20. UNDERTAKER: John J Sheehan — ADDRESS: K. C. Mo