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

Do not use this space.

24997

1. PLACE OF DEATH
County: Jackson
Township: Kaw
City: Kansas City (No. 613 1/2 Cottage Lane St. ..... Ward)
Registration District No. 395
Primary Registration District No. 309
File No. [illegible]
Registered No. [illegible]

2. FULL NAME Leona Johnson
(a) Residence. No. 613 1/2 Cottage Lane St. 1 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: Col.
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word): Married.
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY AND YEAR) Mar. 18, 1906
7. AGE: Years 25, Months 3, Days 17; If LESS than 1 day, ... hrs. or ..... min.
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) Dallas (STATE OR COUNTRY) Texas

PARENTS
10. NAME OF FATHER James Lane
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Dallas (STATE OR COUNTRY) Texas.
12. MAIDEN NAME OF MOTHER Ethel Shelton
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Texas.

14. INFORMANT Thomas Johnson (Address) 613 1/2 Cottage Lane
15. FILED July 9, 1931 M. M. Crowe REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 5 1931
17. I HEREBY CERTIFY, That I attended deceased from July 4th, 1931 to July 5th, 1931 that I last saw her alive on July 4th, 1931, and that death occurred, on the date stated above, at 6:50 a.m.
THE CAUSE OF DEATH* WAS AS FOLLOWS:
Mitral Regurgitation
72 F
(duration) X yrs. 2 mos. X ds.
CONTRIBUTORY (SECONDARY) [illegible] (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? no
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) L. C. Guggenheim M. D.
7/5, 1931 (Address) 1516 Troost

*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 Cem
DATE OF BURIAL: 7/9 1931
20. UNDERTAKER: Watkins Bros Undt Co
ADDRESS: 17[illegible]

MARGIN RESERVED FOR BINDING
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.
V. S. No. 2.