

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

Do not use this space.

34598

1. PLACE OF DEATH
 County Jackson Registration District No. 333
 Township Kaw Primary Registration District No. 740
 City Kansas City, Mo. (No. 3300 Roanoke) St. Ward

File No.
 Registered No.

2. FULL NAME Mrs. Cora M. Johnson
 (a) Residence. No. 3300 Roanoke Road, St. 5 Ward. (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

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 Frank W. Johnson

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec. 22, 1876

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	54	10	1	

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) Texas

10. NAME OF FATHER W. W. Treadway

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) No. Carolina

12. MAIDEN NAME OF MOTHER Almeda McPherson

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Missouri

14. INFORMANT Mr. Frank W. Johnson
 (Address) 3300 Roanoke Road, K.C. Mo.

15. FILED 10/25 1931 M. M. Coroner REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 10-23 1931
 17. I HEREBY CERTIFY That I attended deceased from Deputy Coroner
 , 1931, to , 19
 that I last saw h. alive on , 19 , and that death occurred, on the date stated above, at 2:20 A. M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic myocarditis
930
17 (duration) yrs. mos. da.

CONTRIBUTORY (SECONDARY) Arterio-sclerosis
 (duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH
 DID AN OPERATION PRECEDE DEATH. DATE OF
 WAS THERE AN AUTOPSY? yes
 WHAT TEST CONFIRMED DIAGNOSIS? Autopsy
 (Signed) Hayley M. Spill M. D.
10/23 1931 (Address) Deputy Coroner

*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 Mt. Moriah DATE OF BURIAL Oct. 26 1931.

20. UNDERTAKER Gates Funeral Home ADDRESS K.C. Kans.

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.

