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

Do not use this space.

23013

1. PLACE OF DEATH
County Jackson Registration District No. 399
Township Kaw Primary Registration District No. 1002
City K.C. Mo (No. 3008 Baltimore St. Ward)

File No.
Registered No. 2037

2. FULL NAME Mrs Mathilda Johnson
(a) Residence, No. 3008 Baltimore St. 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 Female
4. COLOR OR RACE Wh.
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED ~~HUSBAND OF~~ (OR) WIFE OF D. J. Johnson.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 3-23-1847

7. AGE YEARS 85 MONTHS 4 DAYS 3 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Sweden. 24

FATHER
13. NAME — Peterson
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Sweden.

MOTHER
15. MAIDEN NAME Don't Know
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dont Know 31

17. INFORMANT (ADDRESS) D. L. Johnson.
18. BURIAL, CREMATION, OR REMOVAL 4000 Brooklyn.
PLACE Rock Ford Ill DATE 7-29-32
19. UNDERTAKER (ADDRESS) Quirk & Tobin
20. FILED July 27 1932 M. M. Crowe Asst Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-26-32 19

22. I HEREBY CERTIFY, That I attended deceased from July 19, 1932, to July 26, 1932
I last saw her alive on July 26, 1932 Death is said to have occurred on the date stated above, at 2:10 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia - Bronchial	7/19/32
107A	
162 107A	

Other contributory causes of importance:
Senility
0
Name of operation none Date of
What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury, 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify
(Signed) Glen H. Broyles M. D.
(Address) 1232 Professional Bldg K.C. Mo

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.

MARGIN RESERVED FOR BINDING

U. S. No. 2