

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.

26438

1. PLACE OF DEATH

County Jackson
Township Kaw
City Kansas City (No. Gen. Hoys #2)

Registration District No. 399
Primary Registration District No. 1000

File No. _____
Registered No. 3370
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 1125 Laurel St. Ward. 1

(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 9 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 Colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1-18-1884

7. AGE YEARS 48 MONTHS 7 DAYS 13 If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laundress
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 238
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

MOTHER 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Nevada no

FATHER 13. NAME Edward Johnson

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

MOTHER 15. MAIDEN NAME Minerva Vada

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

17. INFORMANT Regard Clerk (ADDRESS) Gen Hoys #2

18. BURIAL, CREMATION, OR REMOVAL PLACE Maple Hill Cemetery DATE Sept. 4 1932

19. UNDERTAKER West, Appleton & Jones (ADDRESS) 1600 E. 191st.

20. FILED Sept 5 1932 M. M. Crowe Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8-31-1932

22. I HEREBY CERTIFY, That I attended deceased from 4-23-1932 to 8-31-1932
I last saw her alive on 8-31-1932 Death is said to have occurred on the date stated above, at 6:15 p.m.
The principal cause of death and related causes of importance were as follows:

108
Loban
pneumonia
Date of onset _____
Other contributory causes of importance: 108 mitral insufficiency
& decompensation
Name of operation _____ Date of _____
What test confirmed diagnosis? tabe clinical 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? _____

If so, specify (Signed) D. W. Miller, M. D.
(Address) Gen Hoys #2

