

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

Do not use this space.

29184  
3356

**1. PLACE OF DEATH**

County Jackson Registration District No. 800  
Township Raw Primary Registration District No. R.O. 15  
City K. C. Mo (No. 341 So. Monroe) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
Registered No. \_\_\_\_\_

**2. FULL NAME**

(a) Residence, No. 341 So. Monroe St. 10 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 Joshua Johnson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July - 7 - 1882

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
50 1 25

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. none 235

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) Michigan 2

13. NAME no Record

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) \_\_\_\_\_ 31

15. MAIDEN NAME no Record

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) \_\_\_\_\_

17. INFORMANT Joshua Johnson (ADDRESS) 341 So. Monroe

18. BURIAL, CREMATION, OR REMOVAL PLACE Methodist Nov. 9-11-32

19. UNDERTAKER (ADDRESS) Mrs. C. L. Fortner 918 Brooklyn ave

20. FILED 9/3 1932 M. M. Crowe Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept - 2 - 32

22. I HEREBY CERTIFY That I attended deceased from \_\_\_\_\_ 19\_\_\_\_, to \_\_\_\_\_ 19\_\_\_\_

I last saw \_\_\_\_\_ alive on \_\_\_\_\_ 19\_\_\_\_. Death is said

to have occurred on the date stated above, at 5:30 AM

The principal cause of death and related causes of importance were as follows:

Common Pleurosis

131  
9/2

Other contributory causes of importance:

Emphysema  
Sept 11

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed the diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

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) Janey [Signature], M. D.

(Address) [Signature]

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.

WRITE FAIRLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

