

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

Do not use this space.

1. PLACE OF DEATH

County Jackson
Township Kaw
City Kansas City (No. 4023 Forest)

Registration District No. 399
Primary Registration District No. 1000

File No. 13206
Registered No. 1528
St. _____ Ward _____

2. FULL NAME Mrs. Laura B. Johnson

(a) Residence, No. 4023 Forest St. _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 15, 1864

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
68 10 17

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

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) Cass County Mo.

13. NAME J. E. Laffoon

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

15. MAIDEN NAME Rose Ann Powell

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

17. INFORMANT Lee R. Johnson
(ADDRESS) 4134 Tracy

18. BURIAL, CREMATION, OR REMOVAL PLACE Memorial Park DATE APRIL 4 1933

19. UNDERTAKER D.W. Newcomer's Sons
(ADDRESS) 2111 East 9th St. K.C. Mo.

20. FILED Chr 3 1933 M. M. Lawrence
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 2 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct 20 1932, to April 2 1933

I last saw her alive on April 2 1933. Death is said to have occurred on the date stated above, at 5:30 A.M.

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

per 1. 1933
Permeable anaemia
HA 7102

Other contributory causes of importance:
Permeable Anaemia

Name of operation None Date of None

What test confirmed diagnosis? X-ray Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? No Date of injury None, 1933

Where did injury occur? None (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury None

Nature of injury None

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify (Signed) J. F. Mackey, M. D.
(Address) Professional Bldg

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

V. S. NO. 1

Dr. J. F. Farney
530 Professional Bldg.
10:30 - 4:30

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