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.

23310

1. PLACE OF DEATH
County Jackson — Registration District No. 399 — File No.
Township Fort — Primary Registration District No. 1062 — Registered No. 3016
City K.C. Mo. (No. General Hospital #2 St. 3rd Ward)

2. FULL NAME Anna Johnson
(a) Residence, No. 570 Agnes St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)
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 Colored
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 7-14-1882
7. AGE YEARS 51 MONTHS DAYS 87 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unemployed
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 82

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bonneville, Mo

FATHER
13. NAME Unknown
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT (ADDRESS) Record Clerk General Hospt #2
18. BURIAL, CREMATION, OR REMOVAL PLACE Blue Ridge Lawn 7/24 1933
19. UNDERTAKER (ADDRESS) H B Moore
20. FILED July 24 1933 M M Crowe asst Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-21, 1933
22. I HEREBY CERTIFY, That I attended deceased from 7-17, 1933 to 7-21, 1933
I last saw her alive on 7-21, 1933 Death is said to have occurred on the date stated above, at 7:10 P.M.
The principal cause of death and related causes of importance were as follows:
Atherosclerosis of the Cerebral blood vessels
Cerebral hemorrhage in right frontal lobe
Other contributory causes of importance:
Extensive Encephalomalacia
Date of onset
Name of operation — Date of
What test confirmed diagnosis? Was there an autopsy? Yes

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) [signature] M. D.
(Address) General Hospital #2