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.

SEP 26 1933

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

Do not use this space.

1. PLACE OF DEATH
County Jackson — Registration District No. 399 — File No. 23420
Township Kaw — Primary Registration District No. 1003 — Registered No. 3182
City Kansas City (No. 2505 Charlotte St. Ward)

2. FULL NAME Ingby Johnson
(a) Residence. No. 2505 Charlotte 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: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word): Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 27 1933

7. AGE — YEARS — MONTHS — DAYS — If LESS than 1 day, 1 hr. hrs. or min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kansas City

PARENTS
10. NAME OF FATHER C. A. Johnston
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Kansas City
12. MAIDEN NAME OF MOTHER Hazel Pennstatter
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Kansas City

14. INFORMANT C. A. Johnson
(Address) 2505 Charlotte

15. FILED Aug 8 1933 M. M. Crowe Asst REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 27 1933

17. I HEREBY CERTIFY, That I attended deceased from 7/27/33 10 P.M., 19 to 7/27/33, 19 that I last saw him alive on 7/27/33, 19 and that death occurred, on the date stated above, at 11 30 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Prematurity

(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY)

(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH? No DATE OF —
WAS THERE AN AUTOPSY? No.
WHAT TEST CONFIRMED DIAGNOSIS? Stethescope.
(Signed) D T VanDel, M. D.
, 19 (Address) 909 Professional Bldg.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Mt. Hill Cemetery — DATE OF BURIAL: Aug 10 1933

20. UNDERTAKER: P. A. Thiessen — ADDRESS: 2512 Holmes

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Hi 5980 Ma 4383