

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

Do not use this space.

36616

**1. PLACE OF DEATH**

County Jackson Registration District No. 399  
 Township Law Primary Registration District No. 1002  
 City Kansas City (No. 4620 TRACY - 2ND FLOOR NORTH) Ward

File No. 4539  
 Registered No. 4539

**FULL NAME** Mrs. Johanna C. Stuart

(a) Residence, No. 4620 Tracy 2nd fl. N. St. Ward. (If nonresident, give city or town and State)  
 (Usual place of abode)  
 Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX 7. 4. COLOR OR RACE Wh. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF James Stuart  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 23 1879  
 7. AGE YEARS 57 MONTHS 7 DAYS 26 If LESS than 1 day, hrs. or min.

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.  
 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) Sweden

MOTHER 13. NAME Charles W. Carlson

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

15. MAIDEN NAME Martha Walqvist

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

17. INFORMANT Mr. James Stuart (ADDRESS) 4620 Tracy - 2nd fl. N.

18. BURIAL, CREMATION, OR REMOVAL PLACE Forest Hill DATE Nov. 21 1933

19. UNDERTAKER D. W. Newcomer's Son (ADDRESS) 2109 - 11 E. 9th N. E. Mo.

20. FILED Nov 19 1933 7:37 P. M. Cerove Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11/18/33  
 22. I HEREBY CERTIFY That I attended deceased from Deputy Coroner, 19...  
 I last saw him alive on Nov 18 1933 Death is said to have occurred on the date stated above, at 1:35 P. M.

The principal cause of death and related causes of importance were as follows:  
Carcinoma of Rectum Date of onset

Other contributory causes of importance: no  
 Name of operation Autopsy Date of Autopsy  
 What test confirmed diagnosis Autopsy Was there an autopsy yes

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? no 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) [Signature] (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.

10861

RAIN

238  
 224  
 220

110

