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

Do not use this space.

File No. 16878

Registered No.

1. PLACE OF DEATH
County: Jackson
Township: Kansas
City: K. C. Mo. (No. General Hosp. #2 St. 3rd Ward)
Registration District No.
Primary Registration District No.

2. FULL NAME: Mamie Johnson
(a) Residence, No. 914 Linwood St. Ward.
(Usual place of abode) (If nonresident, give city or town and State)
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.

JUN 19 1934

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): 6-3, 1888

7. AGE: Years 45 Months 9 Days 13 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: House wife
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): Kansas

FATHER
13. NAME: Ed Davis
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Kansas

MOTHER
15. MAIDEN NAME: Quila
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Kansas

17. INFORMANT (ADDRESS): Record Clerk

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Westlawn DATE: May 22, 1934

19. UNDERTAKER (ADDRESS): Nathan W. Gardner 620 N. 5th St.

20. FILED May 21, 1934 M. M. Crowe asst Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 5-16, 1934

22. I HEREBY CERTIFY, That I attended deceased from 3-28, 1934, to 5-16, 1934
I last saw h. alive on 5-16, 1934. Death is said to have occurred on the date stated above, at 6:55 p.m.
The principal cause of death and related causes of importance were as follows:

Carcinoma of the Cervix Uteri

Date of onset

Other contributory causes of importance:

Toxemia

Name of operation: None Date of: No
What test confirmed diagnosis: Clinical 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? No
If so, specify
(Signed) B. O. Thomas, M.D.
(Address) General Hosp. #2

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.

WHITE PLANET, WITH UNFADING INK—THIS IS A PERMANENT RECORD