

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

Do not use this space.

24853

**1. PLACE OF DEATH**

County Jackson Registration District No. 38  
 Township Kaw Primary Registration District No. 29  
 City Kansas City (No. St. Lukes) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
 Registered No. 3401

**2. FULL NAME** Elsa Carolina Johnson

(a) Residence, No. 3544 College St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (Usual place of abode) (If nonresident, give city or town and State)  
 Length of residence in city or town where death occurred 11 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <b>Female</b>	4. COLOR OR RACE <b>White</b>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <b>Married</b>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <b>Paul B. Johnson</b>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <b>Aug. 23, 1892</b>		
7. AGE YEARS <b>41</b>	MONTHS <b>11</b>	DAYS <b>2</b>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <b>At home</b>		If LESS than 1 day, _____ hrs. or _____ min.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.		11. Total time (years) spent in this occupation
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <b>Burlington Iowa</b>		
13. NAME <b>Nelsa Peter Glantz</b>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <b>Iowa</b>		
15. MAIDEN NAME <b>Elsa Pierson</b>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <b>Iowa</b>		
17. INFORMANT <b>Paul B. Johnson</b> (ADDRESS) <b>3544 College</b>		
18. BURIAL, CREMATION, OR REMOVAL <b>Burlington, Iowa</b> DATE <b>7-27-34</b> , 19 <u>34</u>		
19. UNDERTAKER <b>Freeman Mortuary</b> (ADDRESS) <b>Kansas City, Mo.</b>		
20. FILED <b>7-26-34</b> 19 <u>34</u> <b>M. M. Brown</b> <i>W. A. Brown</i> Registrar.		

**2 MEDICAL CERTIFICATE OF DEATH**

DATE OF DEATH (MONTH, DAY, AND YEAR) **7-25-34**, 1934  
 I HEREBY CERTIFY that I attended deceased from July 25 1934 to July 25 1934  
 I last saw her alive on July 25 1934. Death is said to have occurred on the date stated above, 7:30 pm.  
 The principal cause of death and related causes of importance were as follows:  
**Diag: Broncho Pneumonia** Date of onset 107A  
112 / 107A  
 Other contributory causes of importance:  
**Broncheal Asthma**  
 Name of operation None Date of \_\_\_\_\_  
 What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? no  
 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) E. P. Monahan M. D.  
 (Address) 311 Argyle

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.

AUG 21 1934

225-2

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

Tr. C. Morrison  
Angyle Bldg

12:30 - 5

DEC 28 1948