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

JUN 17 1936

Do not use this space.

19477

1. PLACE OF DEATH
County Jackson — Registration District No. 399
Township Kaw — Primary Registration District No. 1002
City Kansas City Mo (No. 1608, Penn St. ..... Ward)

File No. [illegible]
Registered No. [illegible]

2. FULL NAME Elizabeth Johnson
(a) Residence, No. 1608 Penn 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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Femal
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widow

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): June 14 1863

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
73	10	29	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Housework
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): Sweeden

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

No Record

17. INFORMANT (ADDRESS): Eric Johnson 1608 Penn

18. BURIAL, CREMATION, OR REMOVAL
PLACE Forest Hill DATE May 15 1936

19. UNDERTAKER (ADDRESS): Mr. C. L. Foster 918 Brooklyn

20. FILED May 14 1936 M. M. Crowe Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): May 13 1936

22. I HEREBY CERTIFY, That I attended deceased from Oct 12 1934, to May 13, 1936
I last saw her alive on May 12 1936 Death is said to have occurred on the date stated above, at 9:45 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchial pneumonia	May 10
1873	

Other contributory causes of importance: Hypertrophic Arthritis

Name of operation none Date of
What test confirmed diagnosis Clinical 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) C. F. Lowry, M. D.
(Address) Medical Arts Bldg K. C. Mo

100M-1-20-36 I X7044

Dr. Chas Ranney
medical arts Bldg

We 3 to 4
5:00 and 6:00