APR 8 1937

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. 9587

Township Kaw — Primary Registration District No. 1002 — Registered No. [illegible]

City Kansas City (No. Trinity Lutheran Hospital St. Ward)

2. FULL NAME Beda Charlotte Johnson

(a) Residence, No. 4416 Fairmount 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	White	Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 28, 1885

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
	51	10	12	

OCCUPATION

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) Kansas City Missouri

FATHER

13. NAME John A. Wahlberg

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

MOTHER

15. MAIDEN NAME Charlotte Peterson

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

17. INFORMANT (ADDRESS) Martin R. Johnson 4416 Fairmount

18. BURIAL, CREMATION, OR REMOVAL
PLACE Memorial Park DATE Mar. 15, 1937

19. UNDERTAKER (ADDRESS) Gates Funeral Home Kansas City, Kansas

20. FILED Mch 15, 1937 M. M. Crowe
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 12, 1937

22. I HEREBY CERTIFY, That I attended deceased from March 8, 1937, to March 12, 1937

I last saw her alive on March 11th, 1937. Death is said to have occurred on the date stated above, at 6 am m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar pneumonia. (Streptococci)	3/7/37

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Other contributory causes of importance:

Name of operation ..... Date of .....

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? ..... 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) Owen Kruegen, M. D.

(Address) 220 Argyle Bldg.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Owen Tanger
Argyle Ky -
12-3:30