

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

Do not use this space.

15519

MAY 15 1937

1. PLACE OF DEATH

County Jackson Registration District No. _____
 Township _____ Primary Registration District No. _____
 City Kansas City (No. Conley Clinical Hosp.) St. _____ Ward _____

File No. 100
 Registered No. _____
 St. _____ Ward _____

2. FULL NAME

(a) Residence, No. _____ St. _____ Ward _____
 (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. Cameron Mo
 (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE N 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 2-19-37

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.
- stillborn

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

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) Ke. Mo

13. NAME Amos O Johnson

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pleasant Hill Mo

15. MAIDEN NAME Irma Ines Lewis

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

17. INFORMANT (ADDRESS) Parents

18. BURIAL, CREMATION, OR REMOVAL

PLACED AT _____ DATE _____ 19____

19. UNDERTAKER (ADDRESS) Respected at Kansas City College

20. FILED _____ 19____
2-19-37 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-19-1937

22. I HEREBY CERTIFY, That I attended deceased from 2-19-1937 to _____, 19____
 I last saw him alive on _____, 19____. Death is said

to have occurred on the date stated above, at _____ m.
 The principal cause of death and related causes of importance were as follows:

Stillborn

Other contributory causes of importance:
Maternal Premature

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ 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 _____ 3

24. Was disease or injury in any way related to occupation of deceased? _____
 If so, specify _____

(Signed) Richard H. Honrado

(Address) 2105 Independence Ave

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.

