

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

Do not use this space.

OCT 19 1937

33421

1. PLACE OF DEATH
 County Jackson Registration District No. 399
 Township Ray Mo. Primary Registration District No. 902 File No. 33421
 City General Hosp #2 (No. 2) Registered No. 3030 St. 3rd (Ward)

2. FULL NAME Altha Johnson
 (a) Residence, No. 2200 Paseo 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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
 4. COLOR OR RACE Colored
 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) 6-28-1937
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
 2 24
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant
 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) Mo.
 13. NAME Freddie Johnson
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn.
 15. MAIDEN NAME Roberta Smith
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.
 17. INFORMANT (ADDRESS) Record Dept #1
 18. BURIAL, CREMATION, OR REMOVAL PLACE Highland DATE 9/75 19 37
 19. UNDERTAKER (ADDRESS) Hatkins Bros. 1729 Lydia
 20. FILED 9/25 19 37 Dr. J. J. Crowe Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-22 19 37
 22. I HEREBY CERTIFY, That I attended deceased from 9-21 19 37 to 9-22 19 37
 I last saw her alive on 9-22 19 37 Death is said to have occurred on the date stated above, at 9:20 PM.
 The principal cause of death and related causes of importance were as follows:
Morassmus
 Date of onset
 Other contributory causes of importance: 107
Broncho-Pneumonia
 Name of operation 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) J. C. Turner M. D.
 (Address) General Hosp #2

107a

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

ALL INFORMATION CALLED
FOR MUST BE WRITTEN ON
THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Jackson Registration District No. 399
 Township Kansas City Primary Registration District No. 100Y
 City General Hosp #2 (No. General Hosp #2) St. _____ Ward _____

File No. 33421
 Registered No. 3866

2. FULL NAME

(a) Residence, No. 2200 Cass 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

MEDICAL CERTIFICATE OF DEATH

3. SEX f 4. COLOR OR RACE B 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED 4 (write the word)

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 22 1937

22. I HEREBY CERTIFY, That attended deceased from _____, 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:

Infarctus Date of onset _____

Other contributory causes of importance:

broncho pneumonia
(secondary to above)
(M. M. O.)

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 _____

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

If so, specify _____

(Signed) P. C. Turner, M. D.

(Address) General Hosp #2

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

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.

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.

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)

13. NAME

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

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE _____ DATE _____, 19____

19. UNDERTAKER (ADDRESS)

20. FILED 9/25 1937 M. M. Brown Registrar

SUPPLEMENTARY

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

5-33421