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

Do not use this space.

37362

File No.

Registered No. 1832

1. PLACE OF DEATH
County: Jackson
Township: Raw
City: Kansas City (No. 907 Garfield av St. Ward)
Registration District No. 399
Primary Registration District No. 1002

2. FULL NAME: Amanda Dishay (De Shazo)
(a) Residence. No. 907 Garfield St., 2 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: F
4. COLOR OR RACE: col
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): M

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Jan 18 1892

7. AGE: Years 37 Months 10 Days 3 If LESS than 1 day, ...hrs. or ....min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Home Wife
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Kansas City / Kan

PARENTS
10. NAME OF FATHER: Louis Johnson
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Unknown
12. MAIDEN NAME OF MOTHER: Jennetta Caull
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Grenada Miss

14. INFORMANT: Mrs. Ella Hill
(Address) 907 Garfield av

15. FILED 11/23 1929 M. M. Crane REGISTRAR
Asst

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): 11-21 1929

17. I HEREBY CERTIFY, That I attended deceased from September 18th, 1929, to Nov. 21st, 1929 that I last saw her alive on Nov. 20th, 1929, and that death occurred, on the date stated above, at 7:10 a m m.

THE CAUSE OF DEATH* WAS AS FOLLOWS: Pulmonary Tuberculosis

(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY): Exposure

(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED: Uncertain
IF NOT AT PLACE OF DEATH
DID OPERATION PRECEDE DEATH? no DATE OF
WAS THERE AN AUTOPSY? no.
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) Nimrod J. Holmes M. D.
11/22 1929 (Address) 100 Indep. Ave

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Highland Cem — DATE OF BURIAL: 11-25 1929

20. UNDERTAKER: H. B. Moore — ADDRESS: 1820 E 18th

N. B.—Every item of information should be carefully supplied. Have blanks filled in ink. Exact statement of OCCUPATION is very important. CAUSE OF DEATH in plain terms, so that it may be properly classified.