

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

Do not use this space.

33068

1. PLACE OF DEATH

County Jackson Registration District No. 399
 Township East Primary Registration District No. 100
 City Kansas City Mo (No. 3310 Elmwood) St. _____ Ward)

File No. _____
 Registered No. 2208
 St. _____ Ward)

2. FULL NAME

Johnny - Isadore - Ronn, 4
 (a) Residence No. 3310 Elmwood 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Single

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct-22-1930

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF none

17. I HEREBY CERTIFY, That I attended deceased from Oct 20, 1930, to Oct 22, 1930. that I last saw him alive on Oct 22, 1930, and that death occurred above, at 6-30-0 m.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct-20-1930

THE CAUSE OF DEATH* WAS AS FOLLOWS:

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
no no 2

Inter - Cerebral Hemorrhage

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Child
 (b) General nature of industry, business, or establishment in which employed (or employer)
 (c) Name of employer

1608
 1705 (duration) yrs. mos. ds. 2
 CONTRIBUTORY (SECONDARY) Greenstate Faber

(duration) yrs. mos. ds. 1

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY) Kansas City Mo

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH 1610

DID AN OPERATION PRECEDE DEATH? No DATE OF +

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Clinical

(Signed) Isadore Anderson, M. D.
 10/23, 1930 (Address) 1317 Piatts Bldg

*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.

10. NAME OF FATHER Eric Ronn

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Sweden

12. MAIDEN NAME OF MOTHER Johannah-Johnson

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Norway

14. INFORMANT Mr. Eric Ronn

(Address) 3310 Elmwood

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Highland Park Cem DATE OF BURIAL Oct-25-1930

15. FILED 10/23 1930 M. M. Brown REGISTRAR

20. UNDERTAKER A. P. Doehler ADDRESS 1415 G 15

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.

1317 Gialto Bldg

1-30 - to 3-P.M

Phone. Vir 1257

Lo - 6477