

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

Do not use this space.

9869

**1. PLACE OF DEATH**

County Jackson Registration District No. 309  
 Township Raw Primary Registration District No. R00B File No. \_\_\_\_\_  
 City Kansas City (No. 4432 Wyoming Street) Registered No. 1473 St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME** Mrs. Johanna Philgreen

(a) Residence, No. 4432 Wyoming 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 White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mr. Claes J. Philgreen

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 2, 1862

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
70 4 27

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) Sweden

13. NAME Pehrboyeson

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

15. MAIDEN NAME Christian Unknown

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

17. INFORMANT (ADDRESS) Mr. Claes J. Philgreen  
4432 Wyoming

18. BURIAL, CREMATION, OR REMOVAL PLACE Floral Hills DATE 3-30-33

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

20. FILED Mich 29 1933 M. M. Cronin  
Asst Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 29 1933

22. I HEREBY CERTIFY, That I attended deceased from June 20 1932 to March 1 1933  
 I last saw her alive on March 1 1933. Death is said to have occurred on the date stated above, at 3 p. m.  
 The principal cause of death and related causes of importance were as follows:

Chronic myocarditis Date of onset \_\_\_\_\_

Other contributory causes of importance: \_\_\_\_\_

Name of operation none Date of \_\_\_\_\_  
 What test confirmed diagnosis? none Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? no 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. M. Frank Robinson, M. D.  
 (Address) 824 Broad St. Bldg.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN'S OCCUPATION is very important. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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Rialto Bldg. 1-4