

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

9501

**1. PLACE OF DEATH**

County Jackson Registration District No. 300 File No. 228  
 Township St. Louis Primary Registration District No. 17 Registered No. 17  
 City St. Louis (No. 17) St. 17 Ward 17

**2. FULL NAME**

Nellie Johnson  
 (a) Residence No. 724 E 17th St. 17th Ward 17  
 (Usual place of abode) (If nonresident give city or town and State)  
 Length of residence in city or town where death occurred 15 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) married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) unk. 1881

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
39

**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) Mo.

**10. NAME OF FATHER**

Not known

**11. BIRTHPLACE OF FATHER (CITY OR TOWN)**

(STATE OR COUNTRY) Not known

**12. MAIDEN NAME OF MOTHER**

Rachel Page

**13. BIRTHPLACE OF MOTHER (CITY OR TOWN)**

(STATE OR COUNTRY) Mo.

14. INFORMANT Louis Johnson

(Address) 724 E 17th St. Mo.

15. FILED 4/8 19 21 m. m. Crowe

REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) 4-7 1921

17. I HEREBY CERTIFY, That I attended deceased from Jan 3 - 1921, to April 7 - 1921, that I last saw her alive on April 7 - 1921, and that death occurred, on the date stated above, at 9:30 a.m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Nephritis - anuresis  
131  
 (duration) yrs. 2 mos. ds.  
 CONTRIBUTORY Nephritis, chr  
 (SECONDARY) (duration) yrs. 6 mos. ds.

**18. WHERE WAS DISEASE CONTRACTED**

IF NOT AT PLACE OF DEATH, \_\_\_\_\_

DID AN OPERATION PRECEDE DEATH? Yes DATE OF \_\_\_\_\_

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? \_\_\_\_\_

(Signed) R. B. Bishop M. D.

4/8 19 21 (Address) 270 W. 17th

\*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. (See reverse side for additional space.)

**19. PLACE OF BURIAL, CREMATION, OR REMOVAL**

**DATE OF BURIAL**

Hayette Mission Apr. 9 19 21

**20. UNDERTAKER**

**ADDRESS**

Watkins Bros. 1729 Lydia  
St. Louis, Mo.

RESS  
19  
E OF BURIAL  
AL, Surgical, or  
NT, State

# United States Standard Certificate of Death

Consensus and American Public Health  
Association

"Typhoid pneumonia"); *Lobar pneumonia*; *Broncho-pneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum, etc.*, *Carcinoma, Sarcoma, etc.*, of . . . . . (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis, etc.* The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL septicemia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: *Accidental drowning*; *struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis, tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

NOTE.—Individual offices may add to above list of undesirable terms and refuse to accept certificates containing them. Thus the form in use in New York City states: "Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus." But general adoption of the minimum list suggested will work vast improvement, and its scope can be extended at a later date.

Occupation.—Precise statement of important, so that the relative various pursuits can be known. The one for each and every person, irrespectively of many occupations a single word or name will be sufficient, e. g., *Farmer* or *Printer*, *Compositor*, *Architect*, *Locomotive engineer*, *Stationary fireman*, etc. It is, especially in industrial employments, necessary to know (a) the kind of work and (b) the nature of the business or industry. An additional line is provided for the latter if it should be used only when needed. Examples: *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Foreman*, (b) *Automobile factory* worked on may form part of the certificate. Never return "Laborer," "Foreman," "Dealer," etc., without more information, as *Day laborer*, *Farm laborer*, *Housewife*, etc. Women at home, who are not in the ties of the household only (not paid for their services) receive a definite salary, may be reported as *Housewife*, *Housework* or *At home*, and not as *Unemployed*, as *At school* or *At home*. It should be taken to report specifically the occupation of persons engaged in domestic service as *Servant*, *Cook*, *Housemaid*, etc. If the person has been changed or given up on the certificate, the DISEASE CAUSING DEATH, state occupation of illness. If retired from business, may be indicated thus: *Farmer* (retired). For persons who have no occupation, report "None." Cause of Death.—Name, first, last, and middle (if any), and age (in years, months, and days), and sex, and date of death. Cause of death (the primary affection and its causation), using always the term for the same disease. Examples: *Myocardial infarction* (the only definite synonym is *myocardial infarction*); *Diphtheria* (never report

ADDITIONAL SPACE FOR FURTHER STATEMENTS  
BY PHYSICIAN.

1-1-1922