OCT 2 1927

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

Do not use this space.

25415

**1. PLACE OF DEATH**

County: St Louis Mo. Registration District No.: 1123

Township: Crondell. Primary Registration District No.: 6248 B, File No.:

City: Koch mo. (No. Koch, Koch Hos. St. 8 Ward) Registered No.: 326

**2. FULL NAME** Jesper Johnson St Louis Mo.

(a) Residence. No. 2 No. 13 Lawton St., 8 Ward. (If nonresident give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred X yrs. X mos. 11 ds. How long in U.S., if of foreign birth? 8 yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) |
|---|---|---|
| Male | Black | Single |

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Mo. & DATE UNKNOWN 1899

| 7. AGE | YEARS | MONTHS | DAYS | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| 28 | | BIRTH DAY UNKNOWN | UNKNOWN | |

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

9. BIRTHPLACE (CITY OR TOWN) Houston Texas
(STATE OR COUNTRY)

PARENTS

10. NAME OF FATHER Elton Johnson

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

12. MAIDEN NAME OF MOTHER Minnie Jackson

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

14. INFORMANT Record Koch Hospital
(Address) Koch Mo.

15. Sept. 7 19 27 FILED L. C. Obrock M. D. REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 8-28 1927

17. I HEREBY CERTIFY, That I attended deceased from 8-17-28 8-28, 1927, to 8-28 1927 that I last saw h. alive on 8-28 1927 and that death occurred, on the date stated above, at 3:20 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Pulmonary Tuberculosis

2.3 yr (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) UNKNOWN

(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? Unknown

DID AN OPERATION PRECEDE DEATH? No DATE OF

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) X Ray Sparks M. D.

8-28, 1927 (Address) R. L. Ettlich M.D.

*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. Hospital

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Anatomical Board — DATE OF BURIAL: 9/7 1927

20. UNDERTAKER: Bigger Bros — ADDRESS: St. Louis

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.

NAME PLAINLY, WITH OUTGOING INKS THIS IS A PERMANENT RECORD