1928

JAN 6

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

Do not use this space.

34667

1. PLACE OF DEATH
County: St Louis
Township: Carondelet
City: Koch (No. ..... St. ..... Ward)

Registration District No. 1123
Primary Registration District No. 6248 B,

File No. .....
Registered No. 4220

2. FULL NAME: Johnson Ella Mae

(a) Residence. No. 2844 Franklin St., ... Ward. .....
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred X yrs. 5 mos. 3 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): July 19 1904

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	23	4	6	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Housework
(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): Arkansas

PARENTS
10. NAME OF FATHER: Rueben Johnson
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Arkansas
12. MAIDEN NAME OF MOTHER: Tula Jones
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Arkansas

14. INFORMANT: R Koch Hospital Records
(Address): Koch Missouri

15. FILED: Nov 29 1927 L. C. Obrod, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Nov. 28 1927

17. I HEREBY CERTIFY, That I attended deceased from June 25, 1928, 19.. to Nov. 28 1927, 19.. that I last saw her alive on Nov. 28 1927, 19.. and that death occurred, on the date stated above, at 1:30 AM m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Pulm. Tuberculosis
23A
(duration) X yrs. 8 mos. 0 ds.

CONTRIBUTORY (SECONDARY): Tuberculous Enteritis
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? Yes
WHAT TEST CONFIRMED DIAGNOSIS? X-ray & Sputum

(Signed) B Keen, M. D.
11/28/19 27 (Address) Koch Hospital

*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: Washington Park Cemetery
DATE OF BURIAL: 12-4 1927

20. UNDERTAKER: People's Und. Co.
ADDRESS: 3150 Franklin

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.