

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

Do not use this space.

3383

**1. PLACE OF DEATH**

County..... Registration District No. **791**  
 Township..... Primary Registration District No. **1003**  
 City St Louis (No. .... St. .... Ward)

File No. **1012**  
 Registered No. **1012**

**2. FULL NAME**

Ann Johnson  
 (a) Residence No. 4208 Shaw Ave. St. 17 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**

**2. SEX** Female **4. COLOR OR RACE** White **5. SINGLE, MARRIED, WIDOWED OR DIVORCED** Single  
(write the word)

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

**6. DATE OF BIRTH (MONTH, DAY AND YEAR)** Dec 7-1855

**7. AGE** YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
72 1 18

**8. OCCUPATION OF DECEASED**

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

**9. BIRTHPLACE (CITY OR TOWN)** Wentzville - Missouri  
 (STATE OR COUNTRY)

**10. NAME OF FATHER** George B Johnson

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

**12. MAIDEN NAME OF MOTHER** McClure

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

**14. INFORMANT** Harriet Boyerman  
 (Address) 4208 Shaw Ave.

**15. FILED** Jan 21 1928  
 19. Mar 6 Starkey  
 REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

**16. DATE OF DEATH (MONTH, DAY AND YEAR)** January 25 1928

**17. I HEREBY CERTIFY** that I attended deceased from Aug 8 1927 to Jan 25 28 that I last saw her alive on July 30 1928, and that death occurred, on the date stated above, at 4:05 a.m.

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

Carcinoma of Neck  
and Mediastinum  
47E

**CONTRIBUTOR (SECONDARY)** 53E 49 (duration) yrs. 5 mos. 19 ds.

**18. WHERE WAS DISEASE CONTRACTED** Wentzville Mo  
 IF NOT AT PLACE OF DEATH

**19. DID AN OPERATION PRECEDE DEATH.** No DATE OF .....

**20. WAS THERE AN AUTOPSY?** Yes

**WHAT TEST CONFIRMED DIAGNOSIS?** Autopsy  
 (Signed) Dr. J. B. Pitman M. D.  
 , 19. (Address) 3202 Lafayette Ave

\*State the DISEASE CAUSING DEATH, or in deaths from VOLUNT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

**19. PLACE OF BURIAL, CREMATION, OR REMOVAL** Wentzville Mo. **DATE OF BURIAL** Jan 28 1928

**20. UNDERTAKER** J. B. Pitman **ADDRESS** Wentzville Mo.

X. 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.

WRITE IN INK, WITH UNFADING INK—THIS IS A PERMANENT RECORD

