

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

Do not use this space.

1. PLACE OF DEATH

County St. Louis Co. Registration District No. 797
 Township Primary Registration District No. 33
 City St. Louis (No. Maconess Hosp.)

File No. 25794
 Registered No. 7628
 St. Ward)

2. FULL NAME

Mr. Lester Johnson
 (a) Residence. No. Maytown, Ill. St. 11 Ward. Maytown Ill
 (Usual place of abode) (If nonresident give city or town and State)
 Length of residence in city or town where death occurred yrs. mos. 14 da. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 3-16-1925

7. AGE YEARS MONTHS Days If LESS than 1 day, hrs. or min.
3 0 4 8

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. nil 89E
 (b) General nature of industry, business, or establishment in which employed (or employer). 114B
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Maytown, Ill.
 (STATE OR COUNTRY)

10. NAME OF FATHER Frank Johnson

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Quincy, Ill.

12. MAIDEN NAME OF MOTHER Annie Radcliff

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

14. INFORMANT (Address) Frank Johnson
Maytown Ill

15. FILED 21 1928 W. C. Van Dyke REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 24 19 28

17. I HEREBY CERTIFY That I attended deceased from July 10 1928 to July 24 1928 that I last saw h. alive on July 23 1928, and that death occurred, on the date stated above, at 9 A. M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Typhoid Fever

CONTRIBUTORY (SECONDARY) Mastoiditis (duration) yrs. mos. 21 ds.
lung abscess due to (duration) yrs. mos. 7 ds.
Typhoid Fever. Operation for Mastoiditis

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH. Maytown Ill

1 DID AN OPERATION PRECEDE DEATH. yes DATE OF 7/21/28

WAS THERE AN AUTOPSY? yes

WHAT TEST CONFIRMED DIAGNOSIS. Widal
 (Signed) E. H. Robelung, M. D.
 , 19 (Address) 3720 Washington Blvd.

*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 Maytown Ill DATE OF BURIAL 7-26-1928

20. UNDERTAKER Ed Dasher ADDRESS Kenauel

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.

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