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

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.

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

Do not use this space.
38653

1. PLACE OF DEATH
County St Louis — Registration District No. 791
Township — Primary Registration District No. 1003
City — (No. 3933 a Finney St. — Ward)
File No. — Registered No. 11279

2. FULL NAME Ida B. Johnson
(a) Residence. No. 3933 a Finney St., 11 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

3. SEX: Female
4. COLOR OR RACE: Colored
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Married

5a. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: William Johnson

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Unknown 1879

7. AGE: Years 49 | Months | Days | If LESS than 1 day, ... hrs. or ... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: House Work 92 H 8 D 94 W
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN): Jefferson City
(STATE OR COUNTRY): Mo.

PARENTS
10. NAME OF FATHER: Henry Gaines
11. BIRTHPLACE OF FATHER (CITY OR TOWN): Jefferson City
(STATE OR COUNTRY): Mo.
12. MAIDEN NAME OF MOTHER: Jane Williams
13. BIRTHPLACE OF MOTHER (CITY OR TOWN): Jefferson City
(STATE OR COUNTRY): Mo.

14. INFORMANT: Ruth Schoby
(Address): 1408 Pendleton ave.

15. FILED Nov 20 1928 Wm C Stanley REGISTRAR

MEDICAL CERTIFICATE OF DEATH

4

16. DATE OF DEATH (MONTH, DAY AND YEAR): Nov. 17th 1928

17. I HEREBY CERTIFY, That I attended deceased from Nov. 15 1928, to Nov. 17 1928, that I last saw b. d. alive on Nov. 17 1928, and that death occurred, on the date stated above, at 11.25 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Apoplexy Cerebral Hemorrhage
to High Blood Pressure 2 Mo. Illness
Apoplexy Sudden Death 2 (duration) yrs. mos. ds.
CONTRIBUTORY (SECONDARY) Fibroid tumor of Uterus non Malignant (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED? Home
IF NOT AT PLACE OF DEATH? 3933 A Finney
DID AN OPERATION PRECEDE DEATH? no DATE OF
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Physical signs & symptoms
(Signed) J. H. Carson, M. D.
, 19 (Address) 4359 Enright

*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 — DATE OF BURIAL: Nov. 21 1928
20. UNDERTAKER: Warmel Undt. Co — ADDRESS: 3959 Finney