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.

43218

File No.

Registered No. 12524

1. PLACE OF DEATH

County

Township

City St Louis (No. 1516 Gratiot St. Ward)

Registration District No. 791

Primary Registration District No. 1003

2. FULL NAME Lucy Johnson

(a) Residence. No. 1516 Gratiot St., 22 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: Albert H. Johnson

6. DATE OF BIRTH (MONTH, DAY AND YEAR): abt 1852

7. AGE: abt 76 YEARS | MONTHS: — | DAYS: — | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: Housewife

(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): Missouri

PARENTS

10. NAME OF FATHER: Samuel Jones

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

12. MAIDEN NAME OF MOTHER: Unknown

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

14. INFORMANT: Albert H. Johnson
(Address) 1516 Gratiot St.

15. FILED DEC 22, 1928 Max C Starkey REGISTRAR

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MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Dec 19. 1928

17. I HEREBY CERTIFY, That I attended deceased from Oct 22, 1928, to Dec 19, 1928 that I last saw her alive on Dec 17, 1928 and that death occurred, on the date stated above, at 12 50 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Mitral insufficiency

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92A

(duration) yrs. 6 mos. ds.

CONTRIBUTORY (SECONDARY): Chronic Parenchymatous nephritis (duration) 2 yrs. mos. ds.

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

8 DID AN OPERATION PRECEDE DEATH? DATE

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) W. Moore, M. D

12 20, 1928 (Address) 1336 Franklin

*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: Greenwood Cem.

DATE OF BURIAL: Dec 23 1928

20. UNDERTAKER: W. C. Gordon Und. Co

ADDRESS: 2649 Morgan St.