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

Do not use this space.

12816

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

City St. Louis, (No. 5941a Lotus St. ..... Ward)

File No. ..... Registered No. 3356

2. FULL NAME Barbara Johnson,

(a) Residence. No. 5941a Lotus Ave., 6 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: White
5. ~~Single~~, MARRIED, ~~Widowed or Divorced~~ (write the word): Married

5A. IF MARRIED, ~~Widowed or Divorced~~ ~~HUSBAND~~ OF (OR) WIFE OF Vadie Johnson

6. DATE OF BIRTH (MONTH, DAY AND YEAR) April 7, 1892

7. AGE: Years 36 | Months 11 | Days 10 | 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 James Bone
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Kentucky
12. MAIDEN NAME OF MOTHER Don't Know
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Arkansas

14. INFORMANT Vadie Johnson
(Address) 5941a Lotus Ave.

15. FILED MAR 18 1929, 19.. Max C. Starkloff REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 17, 1929

17. I HEREBY CERTIFY, That I attended deceased from 3-29, 19 9, to 3-17, 19 29, that I last saw her alive on 3-17, 1929, and that death occurred, on the date stated above, at 1:50 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Myocarditis, chronic
131
430
90
(duration) 5 yrs. 3 mos. ds.

CONTRIBUTORY (SECONDARY) nephritis, chronic
arteriosclerosis general
(duration) 8 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? at home
DID AN OPERATION PRECEDE DEATH? no DATE OF .....
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? E.K.G.
(Signed) E. Engel, M. D.
3-18, 1929 (Address) 1536 Pozzini St.

*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: Paragould, Ark. DATE OF BURIAL: Mar. 18, 1929.

20. UNDERTAKER: Jos. W. Clark ADDRESS: 1120 Hodiamont Ave.

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.