

RECORDS DEPARTMENT

AUG 28 1929

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
STATE OF MISSOURI

#188 See 20
Do not use this space.

25702

1. PLACE OF DEATH

County Mo. Lewis
Township Central
City Overland

Registration District No. 789
Registration District No. 6033 B.

File No. _____
Registered No. 213-
St. _____ Ward _____

2. FULL NAME

Andray Johnston

(a) Residence. No. 2449-Adams St. _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred 3 yrs. 2 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)

Single

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

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

Sep. 28-1908

7. AGE

YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
21 9 4

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housework
(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)

Middlebrook, Ark.

10. NAME OF FATHER

Jesse M. Johnston

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

Union, Mo.

12. MAIDEN NAME OF MOTHER

Eva M. Phillips

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

Union, Mo.

14. INFORMANT (Address)

Jesse M. Johnston
2449-Adams Overland, Mo.

15. FILED

7/3 1929
Rosa Bracy, M. D.
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

July 2, 1929

17.

I HEREBY CERTIFY, That I attended deceased from Oct. 8, 1928 to July 2, 1929 that I last saw h.ER. alive on July 1, 1929, and that death occurred, on the date stated above, at 2:30 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Styptococcus Viridans Septicemia
Subacute Endocarditis

(CONTRIBUTORY (SECONDARY))

Cerebral embolism
Paralytic Hemiplegia (duration) yrs. 5 mos. 15 da.

18. WHERE WAS DISEASE CONTRACTED

NOT AT PLACE OF DEATH Unknown

DID AN OPERATION PRECEDE DEATH? DATE OF _____

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS?

Blood culture
(Signed) James H. Cummings M. D.

*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

Waltz Halla Cem.

DATE OF BURIAL

7-3 1929

20. UNDERTAKER

Baumman Bros.

ADDRESS

Overland, Mo.



Mr. Geo. H. Campy
mortality
123