

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

Do not use this space.

37271

1. PLACE OF DEATH

County Jackson
Township How
City Spokane City

Registration District No. 399
Primary Registration District No. 1092

File No. 4741
Registered No. 4741
St. _____ Ward)

2. FULL NAME

(a) Residence. No. 2014 Howard St Ward. 4

(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 ♂ 4. COLOR OR RACE col 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept. 25, 1878

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
51 1 21

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work At home.
(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) Mo.

10. NAME OF FATHER Granville Johnson

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

12. MAIDEN NAME OF MOTHER Sally Locke

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

14. INFORMANT Edith Price
(Address) 2014 Howard

15. FILED 11/19 1929 m.m. Crowe
REGISTRAR usr

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 11/16 1929

17. I HEREBY CERTIFY, That I attended deceased from Sept 15 1929 to Nov 16 1929 that I last saw her alive on Nov 16 1929 and that death occurred, on the date stated above, at 2:30 p.m.

18. THE CAUSE OF DEATH* WAS AS FOLLOWS:

130
acute Pericarditis
Nephritis (duration) yrs. 3 mos. ds.
CONTRIBUTORY (SECONDARY) acute dilatation of heart (duration) yrs. 5 mos. ds.

19. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH Wheatley Hospital

DATE OF OPERATION PRECEDE DEATH. no DATE OF

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Physical & Lab. Exams.

(Signed) M. P. Price M. D.

11-19-1929 (Address) 1578 E. 18th

*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

Highland Cem. DATE OF BURIAL 11/19 1929

20. UNDERTAKER

Hatkins Bros ADDRESS 1729 Ryden

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.

WHITE PLAINLY, WITH CAPTION

Mr. Bruce.

Dear Sir,

And please return

Yours truly,
John C. ...