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

Do not use this space.

38751

1. PLACE OF DEATH

County St. Louis Mo — Registration District No. 791 — File No. 38751

Township — Primary Registration District No. 1003 — Registered No. 11170

City Louis Mo (No.) City Hospital #2 St. Ward)

2. FULL NAME William Johnson

(a) Residence. No. 724 N 23rd St., 21 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 50 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 | 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) |
|---|---|---|
| Male | Col | Widow |

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 3-14-1846

| 7. AGE | YEARS | MONTHS | DAYS | If LESS than 1 day, ...hrs. or ...min. |
|---|---|---|---|---|
| | 83 | 7 | 28 | |

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Miss
(STATE OR COUNTRY)

PARENTS

10. NAME OF FATHER Ike Johnson

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

12. MAIDEN NAME OF MOTHER Raichel [illegible]

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

14. INFORMANT A. Gertrude Creath
(Address) City Hospital #2

15. FILED NOV 16 1929 Max C. Starkloff REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 11-12 1929

17. I HEREBY CERTIFY, That I attended deceased from 10-10, 1929, to 11-12, 1929 that I last saw him alive on 11-12, 1929, and that death occurred, on the date stated above, at 1:55 P.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chr Myocarditis
51 C
93 C (duration) yrs. 6 mos. ds.

CONTRIBUTORY (SECONDARY) Carcinoma of Prostate (duration) 1 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH Hwy

DID AN OPERATION PRECEDE DEATH? No DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) H H Walters, M. D.

11/13, 1929 (Address) City Hosp #2

*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 11/17 1929

20. UNDERTAKER C. W. Roberts — ADDRESS 3035 Lucas

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.