

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

Do not use this space.

7314

1. PLACE OF DEATH

County..... Registration District No. 791
 Township..... Primary Registration District No. 10083
 City St. Louis, mo (No. City Hospital # 2)..... St. Ward)

2. FULL NAME

Baby Johnson
 (a) Residence. No. 7134 Eugenia 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 Life mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE col. 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) 1-21-30

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
— — 27

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work nil
 (b) General nature of industry, business, or establishment in which employed (or employer)
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) St. Louis, mo.
 (STATE OR COUNTRY)

10. NAME OF FATHER William Johnson

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

12. MAIDEN NAME OF MOTHER Beulah Johnson
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Arkansas
 (STATE OR COUNTRY)

14. INFORMANT A. Gladys C. Smith
 (Address) City Hospital # 2

15. FILED Max C. Stanley REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 2-18-1930

17. I HEREBY CERTIFY, That I attended deceased from 2-17-, 1930 to 2-18-, 1930 that I last saw h. live on 2-18-, 1930 and that death occurred, on the date stated above, at 8 Am.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

159 Prematurity.

CONTRIBUTORY (SECONDARY) 16/10
 (duration) yrs. mos. ds.

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

DID AN OPERATION PRECEDE DEATH? NO DATE OF —
 WAS THERE AN AUTOPSY? NO

WHAT TEST CONFIRMED DIAGNOSIS Clinical
 (Signed) A. E. Hale, 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.
7/19/1930 (Address) 2945 Lawton Av.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL POTTER'S FIELD. DATE OF BURIAL 3-20-1930

20. UNDERTAKER Boyd Aston 2945 Lawton Blvd ADDRESS

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.

