

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

Do not use this space.

14647

**1. PLACE OF DEATH**

County..... Registration District No. 791  
 Township..... Primary Registration District No. 1003  
 City St. Louis (No. 3015) Wanam St. .... Ward.....

File No. ....  
 Registered No. 4028

**2. FULL NAME**

(a) Residence No. 3015 Wanam St. 18 Ward.....  
 (Usual place of abode)  
 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. (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Female  
 4. COLOR OR RACE Negro  
 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widowed  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF .....

6. DATE OF BIRTH (MONTH, DAY AND YEAR) April 7 1862  
 7. AGE YEARS MONTHS DAYS AT LESS than 1 day, hrs. or min. 68 0 14  
 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) .....

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky  
 10. NAME OF FATHER Wm. Johnson  
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Wm. Johnson  
 12. MAIDEN NAME OF MOTHER .....

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

14. INFORMANT (Address) Opie Johnson  
3015 Wanam St.

15. FILED 19 1933 May 2 Harley REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

3  
 16. DATE OF DEATH (MONTH, DAY AND YEAR) April 21 1930  
 17. I HEREBY CERTIFY, That I attended deceased from Apr 17/30 to Apr 21 1930 that I last saw him alive on Apr 20 1930 and that death occurred, on the date stated above, at 6:30 A.M.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Lobar Pneumonia  
108  
131  
92 (duration) yrs. mos. ds.  
 CONTRIBUTORY (SECONDARY) Metral Neuritis & Nephritis  
Chronic (duration) yrs. mos. ds.

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

DID AN OPERATION PRECEDE DEATH? No DATE OF .....

WHAT TEST CONFIRMED DIAGNOSIS Microscopic  
 (Signed) W. B. New M. D.  
 (Address) 1446 Grand

\*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 St. Ann's DATE OF BURIAL April 23 1930  
 20. UNDERTAKER St. Ann's ADDRESS 4107 Finney

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.

