

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

Do not use this space.

20649

~~20547~~

**1. PLACE OF DEATH**

County.....

Registration District No. **791**  
**1003**

Township.....

Primary Registration District No. ....

City **St. Louis** (No. **Barnes Hospital**)

File No. ....

Registered No. **5429**

St. .... Ward

**2. FULL NAME** **JOHNSON, BOONE, VAN HORN**

(a) Residence. No. **5504 Chamberlain - city** Ward **5**  
(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. **7** How long in U.S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX **male** 4. COLOR OR RACE **white** 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) **married**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Carrie Scott Johnson**

6. DATE OF BIRTH (MONTH, DAY AND YEAR) **Sept 5, 1867**

| 7. AGE | YEARS     | MONTHS   | DAYS      | IF LESS than 1 day, hrs. or min. |
|--------|-----------|----------|-----------|----------------------------------|
|        | <b>62</b> | <b>8</b> | <b>27</b> |                                  |

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

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

10. NAME OF FATHER **Edw. P. Johnson**

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

12. MAIDEN NAME OF MOTHER **Bessie Jennings**

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

14. INFORMANT **Dr. Scott Johnson**  
(Address) **#5504 Chamberlain**

15. FILED **May 1 1930** REGISTERAR **C. Starks**

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) **June 2 1930**

17. I HEREBY CERTIFY, That I attended deceased from **3-23**, 1930, to **6-2**, 1930 that I last saw him alive on **6-2**, 1930, and that death occurred, on the date stated above, at **3:10 P.M.**

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

**Carcinoma of Pancreas**  
**M.F.** (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) (duration) yrs. mos. ds.

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

DID AN OPERATION PRECEDE DEATH? **Yes** DATE OF **4/2**  
WAS THERE AN AUTOPSY?  
WHAT TEST CONFIRMED DIAGNOSIS **Routine**  
(Signed) **F.R. Bradley** M. D.  
**3** 1930 (Address) **Barnes Hospital**

\*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 **Oak Hill Cem.** DATE OF BURIAL **6/5/1930**

20. UNDERTAKER **C.R. Rupton** ADDRESS **4449 Olive Street**

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.

