

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

Do not use this space.

25428

**1. PLACE OF DEATH**

County.....

Registration District No. **791**

Township.....

Primary Registration District No. **7003**

City.....

No. **1231 N 9th St**

**2. FULL NAME**

**Helen Johnson**

(a) Residence. No. **1231 N 9th St** St. **25** Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred **11** yrs. mos. da. How long in U. S., if of foreign birth? yrs. mos. da.

File No. ....  
Registered No. **7665**  
St. .... Ward)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX **Female** 4. COLOR OR RACE **negro** 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) **widow**

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) **10-4-1901**

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, .....hrs. or .....min.  
**28 9 23**

**8. OCCUPATION OF DECEASED**

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

**9. BIRTHPLACE (CITY OR TOWN)**

(STATE OR COUNTRY)

**Cleveland Ohio**

**10. NAME OF FATHER**

**Will Johnson**

**11. BIRTHPLACE OF FATHER (CITY OR TOWN)**

(STATE OR COUNTRY)

**Unknown**

**12. MAIDEN NAME OF MOTHER**

**Unknown**

**13. BIRTHPLACE OF MOTHER (CITY OR TOWN)**

(STATE OR COUNTRY)

**Unknown**

**14.**

INFORMANT

(Address)

**Hack Clark  
1231 N 9th St**

**15.**

FILED

31 1930

**Alvin C. Starker**  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) **7-27-1930**

17. I HEREBY CERTIFY, That I attended deceased from **July 13** 19**30** to **July 27** 19**30**.  
that I last saw him alive on **July 26** 19**30** and that death occurred, on the date stated above at **7** a. m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
**Acute peronephritis  
hepatica**  
**130** (duration) yrs **2** mos. ds.

CONTRIBUTORY (SECONDARY) **Not known**  
(duration) yrs. mos. ds.

**18. WHERE WAS DISEASE CONTRACTED**

IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH..... DATE OF.....

WAS THERE AN AUTOPSY.....

WHAT TEST CONFIRMED DIAGNOSIS? **Cult. sputum**

(Signed) **J. H. Flowers**, M. D.

, 19 (Address) **1711 N. 10th St**

\*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**

DATE OF BURIAL:

**Father Dixon**

**7-31-1930**

**20. UNDERTAKER**

**E. W. Reynolds**

ADDRESS

**3015 Bell St**

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.

