

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

Do not use this space.

**1. PLACE OF DEATH**

County h Registration District No. 791

Township \_\_\_\_\_ Primary Registration District No. 10013

City St. Louis (No. 4855 Natural Bridge) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. 34596  
Registered No. 9976

**2. FULL NAME**

Miller Johnley

(a) Residence. No. 4855 Natural Bridge 1st Ward. (If nonresident, give city or town and State)

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.

**PERSONAL AND STATISTICAL PARTICULARS**

**3. SEX**

M

**4. COLOR OR RACE**

White

**5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)**

Widowed

**5A. IF MARRIED, WIDOWED, OR DIVORCED**

HUSBAND OF (OR) WIFE OF Carolina Johnley

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

9-2-1844

**7. AGE**

YEARS

MONTHS

DAYS

If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

86

1

17

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work Retired Farmer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

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

(STATE OR COUNTRY) Brown Co Ohio

**10. NAME OF FATHER**

Not Known

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

(STATE OR COUNTRY) Not Known

**12. MAIDEN NAME OF MOTHER**

Not Known

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

(STATE OR COUNTRY) Not Known

**14.**

INFORMANT C. B. Davidson  
(Address) 4855 Natural Bridge

**15.**

FILED NOV 20 1930 May 6 87 Dr. [unclear]  
REGISTRAR

**2 MEDICAL CERTIFICATE OF DEATH**

**16. DATE OF DEATH (MONTH, DAY AND YEAR)** Oct 19 1930

**17. HEREBY CERTIFY, That I attended deceased from** Oct 1 1930, to Oct 19 1930  
that I last saw him alive on Oct 19 1930 and that death occurred, on the date stated above, at 10 0 m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

St. Louis Polio Influenza  
(duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

**CONTRIBUTORY (SECONDARY)** Chronic Fungal Infection  
Nephritis (duration) 1 yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

**18. WHERE WAS DISEASE CONTRACTED**

IF NOT AT PLACE OF DEATH 10/10

DID AN OPERATION PRECEDE DEATH? No DATE OF \_\_\_\_\_

WAS THERE AN AUTOPSY? no

**WHAT TEST CONFIRMED DIAGNOSIS?**

(Signed) Henry S. Rodgers, M. D.

10/20 1930 (Address) 3024 De Grace

\*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**

Oshtman, Mo.

Oct 22 1930

**20. UNDERTAKER**

**ADDRESS**

F. G. Haley And.

Louisiana Mo.

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.

