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.

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

Do not use this space.

34954

File No. 10354

Registered No.

1. PLACE OF DEATH

County

Township

City St Louis (No. St. Ward)

Registration District No. 791

Primary Registration District No. 1003

2. FULL NAME Henry Johnson

(a) Residence. No. 2649 Bernard St., VV Ward.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 14 yrs. 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: Colored

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) June 15-1876

7. AGE: Years 54 | Months 4 | Days 13 | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: Saborer

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

(c) Name of employer: Frisco R.R.

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Brookfield Miss.

PARENTS

10. NAME OF FATHER: Holer Johnson

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Brookfield Miss.

12. MAIDEN NAME OF MOTHER: Cressa Johnson

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

14. INFORMANT: Wm Johnson
(Address) 1608 Russell E. St. Ill.

15. FILED NOV -1 1930 Max C Starkey REGISTRAR

21 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct 28 1930

17. I HEREBY CERTIFY, That I attended deceased from Oct 2nd, 1930, to Oct 28, 1930 that I last saw him alive on Oct 17, 1930 and that death occurred, on the date stated above, at 8 00 A m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Valvular Disease of Heart.

(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Acute Interstitial Nephritis (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?

(Signed) Wm L Perry, M.D.

10 29, 1930 (Address) 4452 Kennerly Ave

*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: E. St Louis Ill

DATE OF BURIAL: Nov 1-1930

20. UNDERTAKER: J L Marshall

ADDRESS: E St Louis Ill