

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

Do not use this space.

**1. PLACE OF DEATH**

County..... Registration District No. 791  
Township..... Primary Registration District No. 1002  
City St. Louis (No. 4301) St. Louis Ward

File No. 40975  
Registered No. 11634  
St. \_\_\_\_\_ Ward)

**2. FULL NAME**

Walter G. Johnson  
(a) Residence. No. 4307 St. Louis 9 Ward. \_\_\_\_\_  
(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. 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 Mimmie Johnson

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan 27 1867

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
63 10 14

8. OCCUPATION OF DECEASED  
(a) Trade, profession, or particular kind of work. Night Watchman  
(b) General nature of industry, business, or establishment in which employed (or employer).  
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Washington  
(STATE OR COUNTRY) Mo

10. NAME OF FATHER Benjamin Johnson

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Washington  
(STATE OR COUNTRY) Mo

12. MAIDEN NAME OF MOTHER Jennie Barrett

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

14. INFORMANT Guy Johnson  
(Address) 2508 N. Palm St

15. FILED 12 15 30 1930 W. J. Vogler REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) 12/11 - 1930

17. I HEREBY CERTIFY, That I attended deceased from Oct 24 to Dec 11 1930  
that I last saw h. un alive on Dec 11, 1930, and that death occurred, on the date stated above, at 3.0 p. m.

THE CAUSE OF DEATH WAS AS FOLLOWS:  
92A " Hemiplegia  
82A (3 days)

CONTRIBUTORY (SECONDARY) Cerebral Hemorrhage Non Traumatic (duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.  
Chronic Endocarditis (duration) \_\_\_\_\_ yrs. 2 mos. 8 ds.

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

DID AN OPERATION PRECEDE DEATH? No DATE OF \_\_\_\_\_  
WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS Paralysis  
Signed a. J. Vogler, M. D.  
12/11/30 (Address) 4300 a N. 30th 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 Washington Mo DATE OF BURIAL Dec 15 1930

20. UNDERTAKER Wm. F. Paschedag ADDRESS 2825 7th Ward St

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

