

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.

4416

1. PLACE OF DEATH

County St. LouisRegistration District No. 904Township St. LouisPrimary Registration District No. 4546City Sherridan

File No. _____

Registered No. _____

St. _____ Ward _____

2. FULL NAME

(a) Residence. No. _____ St. _____ Ward _____

(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred 21 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

W

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

married

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

Laura Johnson

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

Dec. 23, 1873

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, _____ hrs. or _____ min.

57014

8. OCCUPATION OF DECEASED

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

Doctor (M.D.)

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

113

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

Iowa

10. NAME OF FATHER

Frank Johnson

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Id

12. MAIDEN NAME OF MOTHER

Emily Durham

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

New York

14.

INFORMANT (Address)

Laura Johnson
Sherridan

15.

FILED

1-12, 1931 Laura Johnson

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 6 - 193117. I HEREBY CERTIFY, That I attended deceased from Oct 16, 1930, to Jan 6, 1931that I last saw him alive on Jan 6, 1931, and that death occurred, on the date stated above, at 6 P m.

THE CAUSE OF DEATH WAS AS FOLLOWS:

81 & 82 Selection from Spinal Cord
Paralysis(duration) yrs. 6 mos. ds.

CONTRIBUTORY (SECONDARY)

Exposure(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? no DATE OF _____WAS THERE AN AUTOPSY? noWHAT TEST CONFIRMED DIAGNOSIS? clinical(Signed) J. P. Phipps, M. D.Jan 9, 1931 (Address) Grant City Mo

*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

Sherridan Cemetery 1/9 1931

20. UNDERTAKER

ADDRESS

Arch C. Duffel Grant City

