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 File No. 11683

Township ..... Primary Registration District No. 1015 Registered No. 2908

City St Louis (No. 605a Soulard St. ..... Ward)

2. FULL NAME Mary Johnson

(a) Residence. No. 605a Soulard St., 223 Ward. (If nonresident give city or town and State)
(Usual place of abode)

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: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Widowe

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): May 12 - 1861

7. AGE: Years 69 | Months 9 | Days 20 | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Housework
(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): Eureka Mo

PARENTS

10. NAME OF FATHER: John Armstrong
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: Alice Johnson
(Address) 605a Soulard

15. FILED ....., 19..... Max C Starkey REGISTRAR

4

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Mar 4 1931

17. I HEREBY CERTIFY, That I attended deceased from July 23rd, 1930, to March 4th, 1931, that I last saw her alive on March 4th, 1931, and that death occurred, on the date stated above, at 10:15 A.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

CHRONIC BRONCHITIS + Chronic MYOCARDIAL DEGENERATION (duration) 2 yrs. — mos. — ds.

CONTRIBUTORY (SECONDARY) SENILE DEBILITY + INANITION (STARVATION) (duration) — yrs. 6 mos. — ds.

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

DID AN OPERATION PRECEDE DEATH? No DATE OF X

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? X

(Signed) Walter E Goodwin, M. D

3-4, 1931 (Address) 1405 S. Bellevue

*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: New St Marcus | DATE OF BURIAL: Mar 6 1931

20. UNDERTAKER: Wacker Helderle | ADDRESS: 2331 S Bdwy

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.