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.
19875

File No. 5900
Registered No.

1. PLACE OF DEATH
County
Township
City St Louis (No. 4104 – N. 11th St. Ward)
Registration District No. 791
Primary Registration District No.

2. FULL NAME Jack A. Johnson
(a) Residence. No. 4104½ N. 11th St., 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 Naomi
6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 16, 1888
7. AGE: Years 43 | Months 0 | Days 7 | If LESS than 1 day, ...hrs. or ....min.
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Steam Fitter
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer Mississippi Glass Co.
9. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY) Tennessee

PARENTS
10. NAME OF FATHER John B. Johnson
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY) Tennessee
12. MAIDEN NAME OF MOTHER Not Known
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) Not Known

14. INFORMANT Mrs Naomi Johnson
(Address) 4104½ N. 11th St.
15. FILED MAY 24 1931 Mar 24 1931 [signature] REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May-23-1931
17. I HEREBY CERTIFY, That I attended deceased from Oct-1-, 1929, to May-23-, 1931, that I last saw him alive on May-23-, 1931, and that death occurred, on the date stated above, at 2 10 P. m.
THE CAUSE OF DEATH* WAS AS FOLLOWS:
Thrombo Angiitis Obliterans
9 9 8
(duration) 6 yrs. — mos. — ds.
CONTRIBUTORY (SECONDARY)
(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? No —
WHAT TEST CONFIRMED DIAGNOSIS Gangrene of extremities
(Signed) Carlos L. Munson, M. D.
5/23, 1931 (Address) 3201 N. Broadway

*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 Piggott Ark. | DATE OF BURIAL May 24 1931
20. UNDERTAKER Aron L. Co | ADDRESS 2707 N. Broad