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.

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

Do not use this space.

File No. 26300
Registered No. 7434

1. PLACE OF DEATH

County ..... Registration District No. 791
Township ..... Primary Registration District No. 1002
City St Louis (No. 2834 Morgan St. ..... Ward)

2. FULL NAME Margaret Johnson

(a) Residence. No. 2834 Morgan St., 21 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Female	Col	Widow

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

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

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	87			

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Maid
(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) La.

PARENTS

10. NAME OF FATHER Unknown
11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Unknown
12. MAIDEN NAME OF MOTHER Unknown
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Unknown
(STATE OR COUNTRY)

14. INFORMANT George Boghens
(Address) 681 E. Long St Columbus

15. Filed ....., 19 ..... Ray C. Starkloff
Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 1st 1931

17. I HEREBY CERTIFY, That I attended deceased from June 22nd, 1930, to July 1st, 1931, that I last saw her alive on June 30, 1931, and that death occurred, on the date stated above, at about 4:00 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Gastro-Enteritis
12 D B
101
(duration) ..... yrs. ..... mos. 10 ds.

CONTRIBUTORY (SECONDARY) Heat Exhaustion
(duration) ..... yrs. ..... mos. 2 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? Physical Findings
(Signed) Ed Bailey, M. D.
, 19 (Address) 2647 Franklin 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 Bellerwood — DATE OF BURIAL 7-3 1931

20. UNDERTAKER J.F. Walton
Bellerwood — ADDRESS 2701 Stoddard

St S[illegible] 3

[illegible]

3[illegible]

Willie
Julia Doll Baby
Roach Mathe