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

Do not use this space.

29628

File No. 29628

Registered No. 8658

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

City St Louis Mo (No. 1721 Carroll St. St. ..... Ward)

2. FULL NAME Marietta Johnson

(a) Residence. No. 1721 Carroll St., 23 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
Female	White	Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 4-10-1924

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	7	3	29	

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

9. BIRTHPLACE (CITY OR TOWN) St Louis
(STATE OR COUNTRY) Mo.

PARENTS

10. NAME OF FATHER Edward Johnson
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Charleston
(STATE OR COUNTRY) Mo.
12. MAIDEN NAME OF MOTHER Ethel Thompson
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Charleston
(STATE OR COUNTRY) Mo.

14. INFORMANT Edward Johnson
(Address) 1721 Carroll St.

15. FILED AUG 11 1931 Max C Starkey REGISTRAR

3 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 8-9-1931

17. I HEREBY CERTIFY, That I attended deceased from July 20, 1931, to Aug 9, 1931, that I last saw her alive on Aug 9, 1931, and that death occurred, on the date stated above, at 8:55 A.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Mitral Regurgitation & Myocarditis Acute

131

92A (duration) yrs. mos. 20 ds.

CONTRIBUTORY (SECONDARY) Chronic Nephritis

93A (duration) yrs. mos. 20 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?

(Signed) Bernard S Sturgeat, M. D.

8/10, 1931 (Address) 1901 Meadows

*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
New St Marcus	8-11 1931

20. UNDERTAKER	ADDRESS
McLaughlin	1631 Mo ave.

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.

19th Madison
Cin 9688
Co 6284