

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

Do not use this space.

1. PLACE OF DEATH

County St. Louis
Township St. Louis
City St. Louis

Registration District No. 781
Primary Registration District No. 1003
(No. 1355 N. Leffingwell)

File No. 29697
Registered No. 8729
St. _____ Ward _____

2. FULL NAME

Onedia Johnson

(a) Residence, No. 1355 N. Leffingwell St., 21 Ward.
(Usual place of abode)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE Colored 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 5 - 1929

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
2 1 8

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work None
(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)

10. NAME OF FATHER J. Johnson

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Del.
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Calantha Foley

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Miss.
(STATE OR COUNTRY)

14. INFORMANT J. Johnson
(Address) 1355 N. Leffingwell

15. FILED Aug 14 1931 REGISTRAR W. J. Starks

3 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug 13 1931

17. I HEREBY CERTIFY, That I attended deceased from 8-13-31 10 AM 1931 to 8-13-31 1931 that I last saw h. alive on 8-13-31 and that death occurred, on the date stated above, at 5-30 AM.

18. THE CAUSE OF DEATH* WAS AS FOLLOWS:

Plute Delatshony heart
complicated with
Auto enterperation
(duration) yrs. mos. ds. 15

CONTRIBUTORY (SECONDARY) Auto enterperation
(duration) yrs. mos. ds. 15

18. THERE WAS DISEASE CONTRACTED Home
IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? No DATE OF

19. WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Medical
(Signed) J. E. White M.D.

*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 B. Washington Co. DATE OF BURIAL Aug 16 1931

20. UNDERTAKER J. Marshall ADDRESS St. Louis Del

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.

J. E. White

