

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

Do not use this space.

2253

1. PLACE OF DEATH
96 County St. Louis Registration District No. 788
12 Township..... Primary Registration District No. 4471
8 City Rock Hill, Webster Rt. 5, Box 589 Lay Road, St. Ward)
2. FULL NAME Jessie W. Johnson,
(a) Residence, No. St., 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Colvin L. Johnson,

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1879-2-7
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
52 11 18

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home,
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Housewife, 235
10. Date deceased last worked at this occupation (month and year)..... 11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) Illinois, (STATE OR COUNTRY) 2

13. NAME John Willis,

14. BIRTHPLACE (CITY OR TOWN) England, (STATE OR COUNTRY) 8

15. MAIDEN NAME Mary Byrd,

16. BIRTHPLACE (CITY OR TOWN) England, (STATE OR COUNTRY)

17. INFORMANT Herbert W. Schwarz, (ADDRESS) Rt. 5, Box 589 Lay Road, Webster.

18. BURIAL, CREMATION, OR REMOVAL PLACE Valhalla, DATE 1/27/32 19

19. UNDERTAKER Robert J. Ambruster (ADDRESS) Clayton Road at Concordia Lane

20. FILED 1/26 1932 Dr. A. W. Westrup Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1/25/32. 1932
22. I HEREBY CERTIFY, That I attended deceased from Sept. 8 1931, to January 25th, 1932
I last saw h. or alive on January 24th, 1932. Death is said to have occurred on the date stated above, at 8:30 A.M.
The principal cause of death and related causes of importance were as follows:

Carcinoma of Uterus
Intermittent Nephritis
Date of onset

Name of operation Hysterectomy Date of 3-31-31
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? no Date of injury none, 19.....

Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury (1)
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify (Signed) Arthur W. Westrup, M. D.
(Address) 204 East Big Bend Rd.

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.

FEB 25 1932

RESERVED FOR BIRTH

