

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

Do not use this space.

6374

1. PLACE OF DEATH

County..... Registration District No. ⁷⁹¹.....
 Township..... Primary Registration District No. ¹⁰³³.....
 City St. Louis, Mo. (No. Benate City) ¹⁰³³ Registered No. 1407
 St. 2 Ward.....

2. FULL NAME

Pauline Johnson
 (a) Residence, No. 3108 Clifton St. St. 21 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 Cauc 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr. 7, 1899

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
32 - 10 5

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 237
 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Sedalia, Mo.

13. NAME Isaac Johnson

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

17. INFORMANT Pauline Johnson

18. BURIAL, CREMATION, OR REMOVAL PLACE Sedalia, Mo. DATE 2/13/1924

19. UNDERTAKER W. B. Best and Co.

(ADDRESS) 2726 Russell Ave

20. FILED FEB 13 1924 C. Standley Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 12, 1924

22. No PHYSICIAN CERTIFY That I attended deceased from 1924 to 1924

I last saw h..... alive on....., 19..... Death is said to have occurred on the date stated above, at..... m.

The principal cause of death and related causes of importance were as follows:

Showing Myocarditis
930
930
 Other contributory causes of importance:
 Date of onset

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide?..... Date of injury....., 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.....
 Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? If so, specify.....

(Signed) Johnson M. D.

(Address) Deputy Coroner

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.

