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

Do not use this space.

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File No. 5613
Registered No.

1. PLACE OF DEATH

County ..... Registration District No. ..... Primary Registration District No. .....

Township ..... City St Louis Mo No. City Hospital #2 St. ..... Ward)

2. FULL NAME Baby Johnson

(a) Residence, No. 1315 Blair St., 25 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*)
Male	Cwe	Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 4-12-32

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	1	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Nl

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

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

FATHER

13. NAME Unknown

14. BIRTHPLACE (CITY OR TOWN) Unknown (STATE OR COUNTRY) 131

MOTHER

15. MAIDEN NAME Estella Johnson

16. BIRTHPLACE (CITY OR TOWN) Ark (STATE OR COUNTRY) 2

17. INFORMANT Gertrude Heath
(ADDRESS) City Hospital #2

18. BURIAL, CREMATION, OR REMOVAL
PLACE POTTERS FIELD DATE 6-16-- ,1932

19. UNDERTAKER Ray Carlton & Co
(ADDRESS) 4375 Gravois

20. FILED JUN 14 1932 Ray C Hardesty
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5-23, 1932

22. I HEREBY CERTIFY, That I attended deceased from 4-12, 1932, to 5-23, 1932, I last saw h. alive on 5-23, 1932. Death is said to have occurred on the date stated above, at 2:30 m.

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

	Date of onset
1	
Premature	

Other contributory causes of importance: 150

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

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) A M Smith, M. D.
(Address) City Hospital #2

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.

WRITE LEGIBLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD