

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

Do not use this space.

27702

**1. PLACE OF DEATH**

County ..... Registration District No. 201  
 Township ..... Primary Registration District No. 12  
 City St. Louis, Mo. St. Louis Child Res. Hosp. 500 S. Kingshighway St. .... Ward)

File No. ....  
 Registered No. 7527

**2. FULL NAME**

Margaret Johnson  
 (a) Residence, No. 12 St. 12 Ward. Leadington, Mo.  
 (Usual place of abode) (If nonresident, give city or town and State)

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.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) child

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 9-3-1926

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
5 11 13

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. child  
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. id  
 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) Bonne Terre, Mo

MOTHER 13. NAME Courtney Johnson

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

15. MAIDEN NAME Orie Racle

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

17. INFORMANT F. Gilbert  
 (ADDRESS) 500 S. Kingshighway

18. BURIAL, CREMATION, OR REMOVAL PLACE Flat River Mo DATE 8-19 1932

19. UNDERTAKER Caldwell Bros  
 (ADDRESS) Flat River Mo

20. FILED AUG 17 1932 Wm O Stark  
 Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8-16 1932

22. I HEREBY CERTIFY, That I attended deceased from 8-16, 1932 to 8-16, 1932

I last saw her alive on 8-16, 1932. Death is said to have occurred on the date stated above, at 11:15 a.m.

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

Tuberculosis, Pulmonary about 6 mos ago

Other contributory causes of importance: (1)

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

What test confirmed diagnosis? autopsy 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 A. O. Taylor M. D.

(Signed) A. O. Taylor M. D.

(Address) 500 S. Kingshighway

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.

