

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

Do not use this space.

27707

**1. PLACE OF DEATH**

County \_\_\_\_\_ Registration District No. 301  
 Township \_\_\_\_\_ Primary Registration District No. 2  
 City St. Louis Mo. (No. City Hospital #2) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
 Registered No. 7532  
 St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

(a) Residence, No. 1412 N. 14th 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 10 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 Col 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Married  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF Emma Johnson  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 5-7-1898  
 7. AGE YEARS 34 MONTHS 3 DAYS 7  
 If LESS than 1 day, ..... hrs. or ..... min.

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ala

13. NAME Cole Johnson

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

15. MAIDEN NAME Bessie Dickson

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

17. INFORMANT A Gertrude Creath  
 (ADDRESS) City Hospital #2

18. BURIAL, CREMATION, OR REMOVAL PLACE Leighton Ala DATE Aug 19 1932

19. UNDERTAKER (ADDRESS) 2728 Lucas Ave

20. FILED AUG 17 1932 Registrar May O. Stankley

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8-14-1932

22. I HEREBY CERTIFY, That I attended deceased from 8-4-32 to 8-14-32, 1932

I last saw him alive on 8-14-32 1932. Death is said to have occurred on the date stated above, at 5:00 p.m.

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

Pulmonary Tuberculosis  
 Other contributory causes of importance: 2 3 1

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 (What test confirmed diagnosis? Ch. Lab. Antigen 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) Amey Smith M. D.  
 (Address) City Hospital #2

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.

