

WRITE PLAINLY, WITH UNIFORM HANDWRITING. 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.

OCT 29 1932

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

Do not use this space.

30249

1. PLACE OF DEATH  
96 County Registration District No. 788  
12 Township Primary Registration District No. 4471  
8 City Webster Groves (No. 671) Holland St. Ward

2. FULL NAME Myrtle Johnson  
(a) Residence, No. 671 Holland St., Ward.  
(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 Col.  
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Divorced  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 18, 1892  
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 40 10 8  
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 138  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Laundress  
10. Date deceased last worked at this occupation (month and year)  
11. Total time (years) spent in this occupation

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

13. NAME James Turner  
FATHER

14. BIRTHPLACE (CITY OR TOWN) Webster Groves, Mo.  
(STATE OR COUNTRY)

15. MAIDEN NAME Josephine Walker  
MOTHER

16. BIRTHPLACE (CITY OR TOWN) Webster Groves, Mo.  
(STATE OR COUNTRY)

17. INFORMANT J. Turner  
(ADDRESS) 671 Holland

18. BURIAL, CREMATION OR REMOVAL PLACE Father Dickson DATE 9/28, 1932

19. UNDERTAKER M.C. Gordon Undertaking Co.  
(ADDRESS) 2649 Morganst.

20. FILED 9-27 1932 Dr. A.M. Westmore Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9/26th, 1932

22. I HEREBY CERTIFY, That I attended deceased from Feb 2, 1932 to Sept 26, 1932

I last saw him alive on Sept 26, 1932 Death is said to have occurred on the date stated above, at 5:45 a.m.

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

Cancer of Ovary  
48  
48  
Other contributory causes of importance: 1

Name of operation Removal of Ovary Date of Nov 1931

What test confirmed diagnosis? Pathology 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.P. Richards, M.D.  
(Address) Webster Groves, Mo.

