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

Do not use this space.

File No. 4088
Registered No. 1056

1. PLACE OF DEATH

County ..... Registration District No. 7[illegible]
Township ..... Primary Registration District No. [illegible]
City St. Louis Mo (No. ....., ... St. ..... Ward)

2. FULL NAME Benjaman Johnson

(a) Residence, No. 2318 a Wash 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. 10 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	Colored	Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1912-6-4

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	20	7	19	

OCCUPATION

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

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

10. Date deceased last worked at this occupation (month and year) 1932-10-5

11. Total time (years) spent in this occupation

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

FATHER

13. NAME Peyton Johnson

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

MOTHER

15. MAIDEN NAME Ida Wilson

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

17. INFORMANT (Mother) Ida Johnson
(ADDRESS) 2318 a Wash Street

18. BURIAL, CREMATION, OR REMOVAL
PLACE Wash Park Cem. DATE 2-2 1933

19. UNDERTAKER Tom Hurley
(ADDRESS) 2422 Division St.

20. FILED JAN 30 1933 Mar C Harden M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 23rd 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct 24 1932 to Jan 23rd 1933

I last saw him alive on Jan 23 1933. Death is said to have occurred on the date stated above, at 6 A.M.

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

	Date of onset
Pulmonary TB	1/1/32
Pleurisy	
Lung abscess	

Other contributory causes of importance:

Lt Gall Bladder Acute	10/20/32
Tonsilitis	

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) J. Jones, M. D.
(Address) 6330 Franklin Av

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.