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

Do not use this space.

File No. 21913 5796

Registered No.

1. PLACE OF DEATH

County

Registration District No. 791 1003

Township

Primary Registration District No.

City St. Louis Mo. (No. City Hosp 2 St. Ward)

2. FULL NAME Jones Johnson

(a) Residence, No. 118a Lombard St., M Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 28 yrs. 6 mos. 6 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	Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 7 1889

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min:
	43	8	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Labor 174

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Laclede Gas 035

10. Date deceased last worked at this occupation (month and year) 1933 - May

11. Total time (years) spent in this occupation 5 years

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Whitesville Tenn.

FATHER

13. NAME Robt Johnson

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

MOTHER

15. MAIDEN NAME Elizabeth Norman

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Whitesville Tenn.

17. INFORMANT Hattie Garrett
(ADDRESS) 900 So 10th St.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Father Dickson DATE 7-1 1933

19. UNDERTAKER Wm. C. McDowell
(ADDRESS) 3511 Franklin

20. FILED JUL - 1 1933 J. F. Bredeck
Registrar.

MEDICAL CERTIFICATE OF DEATH

Physician's Evidence

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 26 1933

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 7 45 A.m.

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

	Date of onset
Internal Haemorrhage,	
lacerated femoral vein caused	
by knife in hands of one Jesse	
Newsom (Col) at 120 Lombard St	
about 6 15 AM June 26, 1933.	

Other contributory causes of importance:

Homicide 174

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Homicide Date of injury 6/26/1933
Where did injury occur? St. Louis, Mo
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Knife
Nature of injury Laceration Haemorrhage.

24. Was disease or injury in any way related to occupation of deceased?
If so, specify.

(Signed) Harold B. Shultz M.D.
(Address) Deputy Coroner

6/30/33

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 PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD