

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.

NOT 201932

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

Do not use this space.

30818

1. PLACE OF DEATH
 96 County St. Louis Registration District No. 790
 Township Central Primary Registration District No. 60 83A
 City (No. St. Louis Co) Prep. St. 96 Ward

2. FULL NAME John Johnson
 (a) Residence, No. St. Louis Co 96a Ward
 (Usual place of abode)
 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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE Cauc 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Unknown

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
<u>About</u>	<u>40</u>			

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Day 173

10. Date deceased last worked at this occupation (month and year) 10/11/33

11. Total time (years) spent in this occupation 11 1/2

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ? Ark.

MOTHER FATHER

13. NAME Unknown

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

15. MAIDEN NAME Unknown

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

17. INFORMANT (ADDRESS) Wife Johnson

18. BURIAL, CREMATION, OR REMOVAL PLACE Father's Parson DATE 9-14-33

19. UNDERTAKER (ADDRESS) J. E. Lewis

20. FILED 9-13-33 Robert H. ... Registrar.

4 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-9-33

22. I HEREBY CERTIFY, That I attended deceased from July 3, 1933, to July 9, 1933
 I last saw him/her live on July 9, 1933. Death is said to have occurred on the date stated above, at 8 P. M.
 The principal cause of death and related causes of importance were as follows:
Gun-shot wound of the r. chest with a resulting collapse of the r. lung. Date of onset 7/3/33

Other contributory causes of importance Emphysema and early pneumonia

Name of operation Autopsy Date of 9/14/33
 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? no Date of injury 9/9/33
 Where did injury occur? St. Louis County Hospital
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury gunshot
 Nature of injury gunshot

24. Was disease or injury in any way related to occupation of deceased?
 If so, specify no

Subs B. Turner
 (Address) 3718 Jennings Rd
Orion, Mo. On 9/14/33

Shot at # 4 Teasdale, Brentwood,
St. Louis county.

Verdict of jury: - By gun-shot
wounds, inflicted by Mrs.
Frankie Bell, (common-law-
wife.) felony should be held
for Grand jury