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.

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

NOV 13 1934

Do not use this space.

37357

1. PLACE OF DEATH

County..... Registration District No. 791

Township..... Primary Registration District No. 1003

City St Louis (No. Deaconess Hospital St. ..... Ward)

File No.....

Registered No. 9769

2. FULL NAME Adelia Johnson

(a) Residence, No. 1240 So. Broadway St. ..... Ward.
(Usual place of abode) (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 F

4. COLOR OR RACE W

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 4, 1892

7. AGE Years 42 Months 6 Days 4 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

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

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

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

11. Total time (years) spent in this occupation

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

FATHER

13. NAME James Stover

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

MOTHER

15. MAIDEN NAME Unknown

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

17. INFORMANT (ADDRESS) George H. Johnson 1240 So. Broadway

18. BURIAL, CREMATION, OR REMOVAL PLACE St Matthews DATE Oct. 6, 1934

19. UNDERTAKER (ADDRESS) A. L. McLaughlin 2301 Lafayette

20. FILED OCT 6 1934 19 J. J. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 5th, 1934

22. I HEREBY CERTIFY, That I attended deceased from October 2nd 1934 to October 5th 1934

I last saw her alive on October 5 1934 Death is said to have occurred on the date stated above, at 10.40 a.m.

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

Bilateral Lobar Pneumonia — Date of onset 9/30/34

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? X-Ray & Bacteriological tests 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) J. Wang, M. D.

(Address) 932 S. Grand