

MAY 13 1935

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

Do not use this space.

14559

1. PLACE OF DEATH

County..... Registration District No. **791**
Township..... Primary Registration District No. **1003**
City **St. Louis Mo** (No. **City Hospital #2**) St. Ward)

File No.....
Registered No. **3392**
St. Ward)

2. FULL NAME

(a) Residence, No. **4234 - 17 - Market** Ward. **11**
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred **15** yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Oct. 2nd 1899**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
35 6 5

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

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

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) **Ky.**

13. NAME **Nearry Johnson**

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

15. MAIDEN NAME **Minnie Clark**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Stepp.**

17. INFORMANT (ADDRESS) **Judy Perkins**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Father's Burial** DATE **4-19-1935**

19. UNDERTAKER (ADDRESS) **A. C. Beal**

20. FILED **15** 1935 19 **J. Brebeck** Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **April 7th 1935**

22. I HEREBY CERTIFY, That I attended deceased from **4 - 4 - 1935** to **4 - 7 - 1935**

I last saw him alive on **4 - 7 - 1935** Death is said to have occurred on the date stated above, at **5:30 A.M.**

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

Other contributory causes of importance: **117**

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

What test confirmed diagnosis? **Clinical** Was there an autopsy? **No**

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) **Russell Smith M.D.**

(Address) **2940 - Lawton Bldg**

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 PAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

