

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.

MAY 13 1935

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

Do not use this space.

1. PLACE OF DEATH

County.....

Registration District No.....

791
1003

14720

File No.....

3557

Township.....

Primary Registration District No.....

Registered No.....

City.....

(No.)

St. Louis (No. DEERHARTS Hospital)

St.

Ward.....

2. FULL NAME

(a) Residence, No.

(Usual place of abode)

5308 North Kings Highway

Ward.....

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred

yr.

mos.

ds.

How long in U. S., if of foreign birth?

yr.

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 16, 1861

7. AGE YEARS 73 MONTHS 6 DAYS 2 IF LESS than 1 day, hrs. or min.

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

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) Maine

13. NAME Not Known

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

15. MAIDEN NAME Not Known

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

17. INFORMANT Mrs. Ella Johnson (ADDRESS) 5308 North Kings Highway

18. BURIAL, CREMATION, OR REMOVAL PLACE Sakalla Cemetery DATE Apr. 16, 1935

19. UNDERTAKER Math. Hermann & Son (ADDRESS) 11000 Nat. Bldg.

20. FILED APR 20 1935 19 J. B. Redick Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 18, 1935

22. I HEREBY CERTIFY, That I attended deceased from Spt. 1934, to April 18, 1935

I last saw him alive on April 18, 1935 Death is said

to have occurred on the date stated above, at 11:30 P. m.

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

Arterio-sclerotic right leg; both. Date of onset.....

Other contributory causes of importance:

Bronchial pneumonia.

Name of operation Autopsy Date of April 25

What test confirmed diagnosis? Microscopic 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....., 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? no

If so, specify W. Jackson Miller, M. D.

(Signed) W. Jackson Miller, M. D.

(Address) 11000 Nat. Bldg.

