

NOV 9 1935

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

Do not use this space.

34355

1. PLACE OF DEATH

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

2. FULL NAME **Arthur Johnson**

(a) Residence, No. **2409 Belle Blade** St., **11** Ward.
(Usual place of abode)

Length of residence in city or town where death occurred **24** yrs. **4** mos. **14** 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 **Negro** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Single**

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **6-2-1911**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
24 **4** **14**

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **Nil**
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. **Laborer**
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) **St. Louis Mo.**

13. NAME **Milton Johnson**

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

15. MAIDEN NAME **Gussie Roberson**

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

17. INFORMANT (ADDRESS) **Arthur Johnson**
2945 Lawton Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE **St. Germain** DATE **10/21**, 19**35**

19. UNDERTAKER (ADDRESS) **Ernest Jones**
3436 Sawyer St.

20. FILED **10-20**, 19**35** **J. F. Brebeck**
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **10-16-35**, 19**35**

22. I HEREBY CERTIFY, That I attended deceased from **9-9-**, 19**35** **10-16-**, 19**35**

I last saw him alive on **10-16-**, 19**35** Death is said

to have occurred on the date stated above, at **1:15 P. M.**

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

Pulmonary Tuberculosis

Date of onset **9-9-35**

Other contributory causes of importance: **23**

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 **James B. Harris**, M. D.
(Signed) **James B. Harris**
(Address) **2945 Lawton Ave.**

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.

Mo 25-3-1 1935

