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.

APR 11 1936

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

Do not use this space.

791

12535

1. PLACE OF DEATH

County ..... Registration District No. 1003 File No. 2564

Township ..... Primary Registration District No. ..... Registered No. 2564

City St Louis (No. St. Luke's Hospital St. ..... Ward)

2. FULL NAME Mattie E. Johnston

(a) Residence, No. 601 Loughborough St., / Ward. (If nonresident, give city or town and State)
(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Female	White	Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 20, 1861

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
74	7	15	

OCCUPATION

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

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) St. Louis Missouri

FATHER

13. NAME James Johnston

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Belfast, Ireland

MOTHER

15. MAIDEN NAME Alice H. Chapmann

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pittsburg Pennsylvania

17. INFORMANT (ADDRESS) Mrs. Guido A. Doering 601 Loughborough

18. BURIAL, ~~CREMATION, OR REMOVAL~~ PLACE Bellefontaine DATE March 9, 1936

19. UNDERTAKER (ADDRESS) C. Hoffmeister Und. & L. Co 7814 South Broadway

20. FILED MAR 7 1936 J F Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 5, 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb 6, 1936, to Mar 5, 1936

I last saw her alive on Mar 5, 1935. Death is said to have occurred on the date stated above, at 10:P m.

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

	Date of onset
Labor Pneumonia	2-6-36

108

Other contributory causes of importance:

Pericarditis ac	2-8-36
Myocarditis ac	2-12-36

Name of operation ✓ Date of ✓

What test confirmed diagnosis? X ray Lab + ~~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) H. F. Cleveland, M. D.

(Address) 5930 Southwest Ave

Dr. H. F. Cleveland
5930 Southwest

7 and 8 pm