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.

AUG 18 1936

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

Do not use this space.

28385

1. PLACE OF DEATH

County ..... Registration District No. 791 1003 File No. 28385

Township ..... Primary Registration District No. ..... Registered No. 7148

City St. Louis. Mo (No. En route City Hospital #2 St. ..... Ward)

2. FULL NAME WARREN GANT JOHNSON JR

(a) Residence, No. 2660 Lucas St., 21 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: 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) 7-14-1934

7. AGE: YEARS 1 MONTHS 11 DAYS 24 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. NONE
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

FATHER
13. NAME WARREN G. JOHNSON
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Miss

MOTHER
15. MAIDEN NAME MAGGIE JOHNSON
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Miss

17. INFORMANT (ADDRESS) MAGGIE JOHNSON 2660 LUCAS AVE

18. BURIAL, CREMATION, OR REMOVAL
PLACE Greenwood cntry DATE July 14th 1936

19. UNDERTAKER (ADDRESS) E. V. Atkins 3644 Finney Ave

20. FILED JUL 14 1936 J F Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 8, 1936
No Physician in attendance.

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 4:15 P.

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

	Date of onset
Shock & Injuries (Fractured Skull) received when struck and run over by truck in St. Louis, Mo. Deceased was a pedestrian.	

Other contributory causes of importance:

ACCIDENT.

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

What test confirmed diagnosis? ..... Was there an autopsy? No.

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Accid. Date of injury 7/8/, 1936
Where did injury occur? St. Louis, Mo. (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. In rear of home.
Manner of injury Struck by auto truck
Nature of injury Fractured skull.

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) [signature] ~~M.D.~~
(Address) Jefferson Co. Mo.

7/9/36