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.

SEP 15 1936

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

Do not use this space.

791

32651

1. PLACE OF DEATH

County ..... Registration District No. 1008 File No. .....

Township ..... Primary Registration District No. ..... Registered No. 8524

City St. Louis, Mo. (No. 4471 Olive Street. St. ..... Ward)

2. FULL NAME James B. Johnston.

(a) Residence, No. 4471 Olive Street. St., 19 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: White.
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Married.

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): May 15th, 1879.

7. AGE: YEARS 57. MONTHS 3. DAYS 0. If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Salesman.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Proctor-Gamble Soap Co.
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): Sharpe, Kentucky.

FATHER

13. NAME: Benjamin Johnston.
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): (Unknow n) S. Carolina.

MOTHER

15. MAIDEN NAME: (Unknown) Ingram.
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): (Unknown). S. Carolina.

17. INFORMANT (ADDRESS): Mrs Colleen B. Johnston. 4471 Olive Street.

18. BURIAL, CREMATION, OR REMOVAL
PLACE McLainsboro, Ill. DATE Aug, 16th, 1936.

19. UNDERTAKER (ADDRESS): C. R. Lupton & Sons. 4449 Olive Street.

20. FILED AUG 16 1936 J. F. Bredeck Registrar. 8-15-36

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Aug 15, 1936.

22. I HEREBY CERTIFY, That I attended deceased from Aug 15, 1936, to Aug 15, 1936

I last saw him alive on Aug 15, 1936. Death is said to have occurred on the date stated above, at 10 A.m.

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

Myocarditis-Chr.

Date of onset

Other contributory causes of importance:

Heat exhaustion
Stroke

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

What test confirmed diagnosis? ..... Was there an autopsy? .....

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? No.

If so, specify .....

(Signed) J. W. Hunderlitter, M. D.

(Address) 4500 Olive St.

Listen [illegible]
To 3800