

DEC 3 1936

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

Do not use this space.

42765

1. PLACE OF DEATH

County..... Registration District No. 791
Township..... Primary Registration District No. 1003
City Saint Louis, (No. 1520 North Pendleton Avenue) St. Ward

File No.
Registered No. 11291

2. FULL NAME Louise Johnson

(a) Residence, No. 1520 N. Pendleton St. 11 Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred Unavailable ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>Negro</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>James Johnson</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Jan. 24th, 1903</u>		
7. AGE	YEARS	MONTHS
	<u>33</u>	<u>9</u>
		<u>18</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>		
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) <u>1936</u>		11. Total time (years) spent in this occupation <u>14</u>
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Leona, Arkansas</u>		
13. NAME <u>George Simms</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Vicksburg, Mississippi</u>		
15. MAIDEN NAME <u>Mary Liza Proctor</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Loona, Arkansas</u>		
17. INFORMANT <u>James Johnson</u> (ADDRESS) <u>1520 N. Pendleton Avenue</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Lake Village, Ark.</u> DATE <u>Nov. 14, 1936</u>		
19. UNDERTAKER <u>Charles J. Sales</u> (ADDRESS) <u>4107 Finney Avenue</u>		
20. FILED <u>NOV 13 1936</u> <u>J. Brebeck</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) November, 12, 193622. I HEREBY CERTIFY, That I attended deceased from November 9th, 1936 to November 12th, 1936

I last saw h...er alive on November, 12, 1936 Death is said to have occurred on the date stated above, at 5:05 A.M.
The principal cause of death and related causes of importance were as follows:

Tuberculous Meningitis
Pulmonary Tuberculosis

Date of onset

2.

Other contributory causes of importance:

Name of operation None 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.....
(Signed) J. J. [Signature] M. D.
(Address) 3222 North Jefferson

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.

WRITE PLAINLY, WITH OUTFRADING INK—THIS IS A PERMANENT RECORD

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