

DEC 3 1936

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

Do not use this space.

42989

1. PLACE OF DEATH

County.....
Township.....
City St. Louis.

Registration District No. **791**
Primary Registration District No. **1003**
(No. MO. BAR. HOSP. - 919 N. THAYER)

File No.
Registered No. **11564**
St. Ward)

2. FULL NAME Bessie L. Johnson

(a) Residence, No. 5737 Wabada Ave., St. Louis, Mo. Ward. 6
(Usual place of abode)

(If nonresident, give city or town and State)

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 <u>Female</u> | 4. COLOR OR RACE <u>White</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>Edward W. Johnson</u> | | |
| 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Apr. 30, 1896</u> | | |
| 7. AGE YEARS <u>40</u> | MONTHS <u>6</u> | DAYS <u>23</u> |
| If LESS than 1 day, hrs. or min. | | |
| 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) | | 11. Total time (years) spent in this occupation |

12. BIRTHPLACE (CITY OR TOWN), (STATE OR COUNTRY) Missouri

FATHER 13. NAME Frank L. Barber

14. BIRTHPLACE (CITY OR TOWN), (STATE OR COUNTRY) Unknown

MOTHER 15. MAIDEN NAME Alice King

16. BIRTHPLACE (CITY OR TOWN), (STATE OR COUNTRY) Unknown

17. INFORMANT Edward W. Johnson
(ADDRESS) 5737 Wabada

18. BURIAL, CREMATION, OR REMOVAL
PLACE Jacksonville, Ill. DATE 11/23/36

19. UNDERTAKER Edith E. Amphlett
(ADDRESS) 4232 Marquette

20. FILED NOV 27 1936
J. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11/20/36, 19

22. I HEREBY CERTIFY, That I attended deceased from Sept. 28, 1936, to Nov. 20, 1936
I last saw her alive on Nov. 20, 1936 Death is said to have occurred on the date stated above, at 5.30 P. M.

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

Bacterial Pneumonia -
92a
Other contributory causes of importance:
Myo.-Carditis Chronic
Myocardial lesion -

Date of onset
Nov. 18/36

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? No. 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) Ray A. Haack, M. D.
(Address) 2438 Wabada -
Overland, Mo.

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 UNFADING INK—PRINT IN CAPITAL LETTERS A PERMANENT RECORD

