

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.

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

Do not use this space.

FEB 23 1937

1. PLACE OF DEATH  
 County St. Louis Registration District No. 785  
 Township Bonhomme Primary Registration District No. 6031  
 City Des Peres (No. Knapp ave) St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Law L Johnson  
 (a) Residence, No. Knapp ave St. \_\_\_\_\_ Ward Des Peres Mo  
 (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.

File No. 2926  
 Registered No. 10

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug - 28 - 1877  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
59 4 20

OCCUPATION  
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework  
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 7-2  
 10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation 21

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

FATHER  
 13. NAME Dan Fulkner

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

MOTHER  
 15. MAIDEN NAME Rude Duncan

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unk

17. INFORMANT (ADDRESS) Raymond Johnson  
Knapp ave

18. BURIAL, CREMATION OR REMOVAL  
 PLACE Baynes mo DATE Jan 19 1937

19. UNDERTAKER (ADDRESS) Louis H Knapp  
Sturkwood, Mo.

20. FILED 1-18 19 37 Agnes Kelly  
 Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 17 19 37

22. I HEREBY CERTIFY, That I attended deceased from Nov 4 1936 to Jan 16 1937  
 I last saw h. e. l. alive on Jan 16 1937. Death is said to have occurred on the date stated above, at 1:10 p.m.  
 The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage. Date of onset 1 1/2 ago

Other contributory causes of importance  
arteriosclerosis  
Hypertension

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? Exam. 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) Henry Scott, M. D.  
 (Address) Bellwin, Mo.

