MAY 7 1937

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

Do not use this space.

14102

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. .....

Township ..... Primary Registration District No. 1003 Registered No. 3598

City St. Louis (No. 2800, Bernard St. ..... Ward)

2. FULL NAME Carrie Johnson

(a) Residence, No. 2800 Bernard St. St., 22 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: Female
4. COLOR OR RACE: Negro
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Sept. 17 1897

7. AGE: YEARS 39 MONTHS 6 DAYS 12 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cook
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Restrasannt
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): Brownville Tennessee

FATHER

13. NAME: Allexander Gordon
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown Unknown

MOTHER

15. MAIDEN NAME: Kate Barnes
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown Unknown

17. INFORMANT (ADDRESS): Alberta Parkham 2800 Bernard St.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Brownville, Tenn DATE 4-2-1937, 19

19. UNDERTAKER (ADDRESS): A. Russell Und. Co. 2732 Pine St.

20. FILED APR 2 1937 J. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 29, 1937 3-29-37

22. I HEREBY CERTIFY, That I attended deceased from 3-5, 1937, to 3-29, 19..
I last saw her alive on March 29, 1937 Death is said to have occurred on the date stated above, at 4:45 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma Uterus	3-5-37

Other contributory causes of importance:

Pleurisy with Infusion

Name of operation Laboratory Date of .....
What test confirmed diagnosis? Pathology & 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. No
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....
(Signed) M. R. Williams, M. D.
(Address) O. P. D. City Hosp. # II

Cert. 6488

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.

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Dr Williams