

MAY 7 1937

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

Do not use this space.

1. PLACE OF DEATH

County.....

Registration District No. **791**

Township.....

Primary Registration District No. **1003**

City *St. Louis*

(No. *20413*)

Division *Division*

File No. **14143**

Registered No. **3639**

St.

Ward)

2. FULL NAME *Julius Johnson*

(a) Residence, No. *20413*

Division

St., *21*

Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred

yrs. *5* mos. *6* ds.

How long in U. S., if of foreign birth?

yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male*

4. COLOR OR RACE *Colored*

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *Baby*

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *10-25-1936*

7. AGE

YEARS

MONTHS *5*

DAYS *6*

If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Nil*

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) *St. Louis, Mo.*

(STATE OR COUNTRY)

13. NAME *Sau Johnson*

14. BIRTHPLACE (CITY OR TOWN) *Louisiana*

(STATE OR COUNTRY)

15. MAIDEN NAME *Annie Belle Ross*

16. BIRTHPLACE (CITY OR TOWN) *Mississippi*

(STATE OR COUNTRY)

17. INFORMANT *Annie Belle Ross (Mother)*

(ADDRESS) *20413 Division Street*

18. BURIAL, CREMATION, OR REMOVAL

PLACE *Father Dickerson* DATE *4-5-1937*

19. UNDERTAKER *Tom Nunley*

(ADDRESS) *3734 Sherburne Ave.*

20. FILED *APR 5 1937*

Registrar. *J. Bredeck*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *April 1 / 1937*

22. I HEREBY CERTIFY, That I attended deceased from *APRIL 1 / 1937*, to *APRIL 1 / 1937*

I last saw him alive on *APRIL 1 / 1937* Death is said to have occurred on the date stated above, at *11 P.M.*

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

CHOLERA INFANTUM

Date of onset *15 hr.*

Other contributory causes of importance: *119a*

Gastroenteritis (Error-In Feeding)

Few days

Name of operation

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?

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) *W. Moore*, M. D.

(Address) *133 of Franklin*

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.

202-000

