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.

JUL 8 - 1937

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

Do not use this space.

1. PLACE OF DEATH Homer G Phillips Hospital

County ..... Registration District No. 791 File No. 22137

Township ..... Primary Registration District No. 1003 Registered No. 5889

City St. Louis, Mo. (No. ..... , ... St. ..... Ward)

2. FULL NAME Carander Johnson

(a) Residence, No. 4201 Westminister St., 19 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 14 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: Colored
5. ~~SINGLE, MARRIED~~, WIDOWED, OR ~~DIVORCED~~ (*write* the word): Widow

5A. ~~MARRIED~~, WIDOWED, OR ~~DIVORCED~~ ~~HUSBAND OF~~ (OR) WIFE OF Willis Foster Johnson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 30, 1894

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
235	42	8	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House work
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Housewife
10. Date deceased last worked at this occupation (month and year) June, 1937
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Holly Springs Mississippi

FATHER

13. NAME Charlie Talley
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unavailable Mississippi

MOTHER

15. MAIDEN NAME Dandridge, Mary
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unavailable Miss.

17. INFORMANT (ADDRESS) Evelyn Hilliard 2601 N Whittier

18. BURIAL, CREMATION, OR REMOVAL
PLACE Greenwood Cem. DATE June 16, 1937

19. UNDERTAKER (ADDRESS) Charles J. Gates 4107 Finney Avenue

20. FILED JUN 16 1937 J. F. Budeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-10-37, 19

22. I HEREBY CERTIFY, That I attended deceased from 6-7-37, 19..., to 6-10-37, 19...
I last saw her alive on 6-10-37, 19... Death is said to have occurred on the date stated above, at 4:40 P.M.
The principal cause of death and related causes of importance were as follows:

Acute Intestinal Obstruction with gangrene; post-operative adhesions due to old operation performed 6 yrs ago cause of which is unknown — Date of onset 6-7-37

Other contributory causes of importance:

12252

Name of operation ..... 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? no
If so, specify .....
(Signed) J. M. Walker Jr., M. D.
(Address) 2601 N Whittier

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