

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

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

Registration District No. 791  
Primary Registration District No. 1008  
(No. BARNES HOSP.)

File No. 22386  
Registered No. 6138  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Fred Johnson

(a) Residence, No. \_\_\_\_\_ St. NR Ward. Bartlett, 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.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX <u>Male</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>Bertha Johnson</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>about 1874</u>		
7. AGE YEARS <u>46</u>	MONTHS	DAYS
If LESS than 1 day, _____ hrs. or _____ min.		
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Machining</u>		11. Total time (years) spent in this occupation
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)		

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-15-1937

22. I HEREBY CERTIFY, That I attended deceased from 5-27-1937 to 6-15-1937

I last saw h. i. m. alive on 6-15-1937 Death is said to have occurred on the date stated above, at 3<sup>25</sup> p.m.

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

Pellagra

Polyposis of rectum

Non Malignant

degenerative colitis

Other contributory causes of importance:

62

Date of onset 1 1/2 yrs

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

FATHER

13. NAME Joseph Johnson

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

MOTHER

15. MAIDEN NAME Triggell

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

17. INFORMANT BERTHA JOHNSON (ADDRESS) BARTLETT, MO.

18. BURIAL, CREMATION, OR REMOVAL PLACE Anatomical Board DATE 6-24-37

19. UNDERTAKER A. H. Hoppe (ADDRESS) 429 N. Euclid Ave

20. FILED JUN 24 1937 Registrar J. F. Bredeck

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ 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? \_\_\_\_\_  
If so, specify Dr Bradley (Signed) \_\_\_\_\_, M. D.  
BARNES HOSPITAL (Address)

