96 JUL 31 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 2 Registration District No. 785 File No. 24827
Township Bonhomme 1 Primary Registration District No. 6031 Registered No. 88
City So. Kirkwood (No. Electric St. St. Ward)

2. FULL NAME Fannie Sara Johnson
(a) Residence, No. Electric St. St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Fem.
4. COLOR OR RACE Col.
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Grant Johnson
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May, 16th. 1877.
7. AGE 35 YEARS 60 MONTHS 1 DAYS 10 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home work
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) Lexington, Mo.

FATHER
13. NAME Chatman Ewing
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lexington, Mo.

MOTHER
15. MAIDEN NAME Naomia Mayberry
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lexington, Mo.

17. INFORMANT Mrs. Eva Williams
(ADDRESS) 3423 Clark Ave. St. Louis, Mo.
18. BURIAL, CREMATION, OR REMOVAL
PLACE Father Dickson DATE June, 30th. 1937
19. UNDERTAKER Slaten & Koen
(ADDRESS) Kirkwood, Missouri.
20. FILED 6-29- 1937 Agnes C Kelly Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 26, 1937
22. I HEREBY CERTIFY, That I attended deceased from April 19, 1937, to June 26, 1937
I last saw h. ~~m~~ alive on June 23, 1937. Death is said to have occurred on the date stated above, at 10:40 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Nephritis	—
131	

Other contributory causes of importance:
Myocarditis

Name of operation — Date of —
What test confirmed diagnosis? — 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) D. W. Sherman Baldwin, M. D.
(Address) 925 N Jefferson Ave

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

50M-22-36 I X9314