AUG 30 1937

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

Do not use this space.

28377

1. PLACE OF DEATH
County: Saint Louis
Township:
City: Jefferson Barracks (No. V.A.T. St. Ward)
Registration District No. 1123
Primary Registration District No. 6248B
File No.
Registered No. 285

2. FULL NAME: Lloyd JOHNSON
(a) Residence, No. 3210 Franklin Ave. St., Ward. St. Louis, Mo.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred Unkn. yrs. mos. 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): Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): December 1, 1886

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
50	7	10	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Janitor
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Unknown
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): Bunceton Missouri

FATHER
13. NAME: John Johnson
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown Missouri

MOTHER
15. MAIDEN NAME: Mariah Wilson
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown Missouri

17. INFORMANT (ADDRESS): Clinical Clerk M. Schelling VAF Jefferson Barracks, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Washington Park DATE: July 15, 1937

19. UNDERTAKER (ADDRESS): Jas. H. Randle & Son 920 No. Leonard Ave.

20. FILED: July 14, 1937 G. Mowrer Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): July 11, 1937

22. I HEREBY CERTIFY, That I attended deceased from April 22, 1937, 19..., to July 11, 1937
I last saw him alive on July 11, 1937. Death is said to have occurred on the date stated above, at 9:30A m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis, pulmonary, chronic, far-advanced.	Unkn.

Other contributory causes of importance:

None	Unkn.

Name of operation: None Date of
What test confirmed diagnosis? Phy. clinical manif. and laboratory 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?
If so, specify
(Signed) C. W. HUGHES, Chief Med. Officer, M. D.
(Address) VAF Jefferson Barracks, Mo.

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.