

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.

SEP 10 1937

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

Do not use this space.

29126

791
1003

7759

1. PLACE OF DEATH Homer G Phillips Hospital

County Registration District No.
Township Primary Registration District No.
City St. Louis (No. 2601), N Whittier St. Ward)

2. FULL NAME Johnnie May Harold

(a) Residence, No. 1012 1/2 Brooklyn St. 26 Ward. (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 10 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 F 4. COLOR OR RACE C 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Separated

21. DATE OF DEATH (MONTH, DAY, AND YEAR) August 13, 1937

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

22. I HEREBY CERTIFY, That I attended deceased from Aug. 17, 1936, to August 13, 1937

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr. 25, 1905

I last saw her alive on Aug. 13, 1937. Death is said to have occurred on the date stated above, at 7:40 a.m.

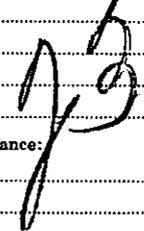
7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
32 3 18

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

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. N11
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

Pulmonary Tuberculosis Date of onset 8/13/36

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

Other contributory causes of importance:


FATHER 13. NAME Will Ager

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

MOTHER 15. MAIDEN NAME Laura Woods

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

Name of operation Date of

What test confirmed diagnosis? clinical Was there an autopsy? no

17. INFORMANT Evelyn Hilliard (ADDRESS) 2601 N Whittier

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.

18. BURIAL, CREMATION, OR REMOVAL PLACE Father Dickson DATE Aug. 18, 1937

Manner of injury Nature of injury

19. UNDERTAKER Adams Undertaking Co. (ADDRESS) 2829 Windsor Place

24. Was disease or injury in any way related to occupation of deceased? If so, specify

20. FILE 1003 J. F. Bieleck Registrar.

(Signed) A. L. Lewis, M. D.

(Address) 2601 N Whittier

1940-1941

1942-1943

I

1944-1945

1946-1947

1948-1949

1950-1951

1952-1953

1954-1955

1956-1957