

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

Do not use this space.

12154

**1. PLACE OF DEATH**

County..... Registration District No. 791  
Township..... Primary Registration District No. 1003  
City St. Louis No. 300 7<sup>th</sup> Magazine St. 11 Ward

File No.....  
Registered No. 3414  
St. .... Ward)

**2. FULL NAME**

(a) Residence. No. 300 7<sup>th</sup> Magazine St. 11 Ward.

(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**

3. SEX Female 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 Richard Bradley

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Apr. 2nd. 1901

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, ..... hrs. or ..... min.  
29 11 14

8. OCCUPATION OF DECEASED  
(a) Trade, profession, or particular kind of work Housework  
(b) General nature of industry, business, or establishment in which employed (or employer) None 235  
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Florence  
(STATE OR COUNTRY) Alabama

10. NAME OF FATHER Ray Johnson

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Florence  
(STATE OR COUNTRY) Alabama

12. MAIDEN NAME OF MOTHER Mary Perkins

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Florence  
(STATE OR COUNTRY) Alabama

14. INFORMANT Mary Johnson  
(Address) 300 7<sup>th</sup> Magazine St.

15. FILED 7 REGISTRAR W. H. STARK

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Mar. 16th. 1931

17. I HEREBY CERTIFY, That I attended deceased from 3-9 1931, to 3-16 1931, that I last saw h. u. alive on 3-16, 1931, and that death occurred, on the date stated above, at 2:05 a. m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

93A Chronic pulmonary tuberculosis  
2705  
(duration) 2 yrs. .... mos. .... ds.  
CONTRIBUTORY Tubercular meningitis  
(SECONDARY) at the (duration) ..... yrs. .... mos. 14 ds.

18. WHERE WAS DISEASE CONTRACTED  
IF NOT AT PLACE OF DEATH at home

DID AN OPERATION PRECEDE DEATH? no DATE OF

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? sp. & ch. findings  
(Signed) E. H. Boyd M. D.

3/17, 1931 (Address) 3012 St. Broadway

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Florence, Ala. DATE OF BURIAL Mar. 18, 1931

20. UNDERTAKER Funeral Home ADDRESS 4059  
Undertakers Co. Times

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.

