

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.

JAN 13 1935

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

Do not use this space.

791

41414

1. PLACE OF DEATH

County Registration District No. 1008
Township Primary Registration District No. 1008
City St. Louis (No. St. Lukes Hospital)

File No.
Registered No. 10637
St. Ward)

2. FULL NAME

(a) Residence, No. St. NR Ward. Alton Mo
(Usual place of abode)
Length of residence in city or town where death occurred yrs. mos. da. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Single
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 6th 1910
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
35 25 10 99

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. Clerk
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) Alton Mo.

MOTHER FATHER
13. NAME James P. Johnson

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

15. MAIDEN NAME Lula Cantrell

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

17. INFORMANT (ADDRESS) James P. Johnson Alton Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Cave Spring Mo DATE Dec. 17th 1935

19. UNDERTAKER (ADDRESS) Albert H. Noye Inc 429 St. Bridget St.

20. FILED DEC 17 1935 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 15th 1935
22. I HEREBY CERTIFY, That I attended deceased from Oct. 17, 1935, to Dec. 15, 1935
I last saw him alive on Dec. 15, 1935. Death is said to have occurred on the date stated above, at 7⁴⁵ P. M.

The principal cause of death and related causes of importance were as follows:
Edema of Brain - Benign (Posture)
Date of onset
540

Other contributory causes of importance:
Edema of Brain

Name of operation Autotomy Date of Dec. 11 35
What test confirmed diagnosis? Was there an autopsy? Yes

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 Yes
(Signed) A. M. K... M. D.
(Address) Remond Med Bldg.

