

**MISSOURI STATE BOARD OF HEALTH**  
**BUREAU OF VITAL STATISTICS**  
**CERTIFICATE OF DEATH 701**

Do not use this space.

43007

**1. PLACE OF DEATH**

County..... Registration District No. **1003**  
 Township..... Primary Registration District No.  
 City **St. Louis** (No. **6341**) **Clayton rd** St. .... Ward)

File No. ....  
 Registered No. **12813**  
 St. .... Ward)

**2. FULL NAME**

(a) Residence. No. **6341 Clayton St.** **4** Ward. ....  
 (Usual place of abode) (If nonresident, give city or town and State)  
 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 <i>Female</i>		4. COLOR OR RACE <i>white</i>		5. SINGLE, MARRIED, WIDOWED OR DIVORCED <i>married</i>	
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <i>G. J. Frost</i>					
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <i>4-8-1864</i>					
7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, ..... hrs. or ..... min.	
<i>65</i>	<i>18</i>	<i>13</i>			
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work <i>Housework</i> (b) General nature of industry, business, or establishment in which employed (or employer)..... (c) Name of employer.....					
9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>California</i>					
PARENTS	10. NAME OF FATHER <i>Thomas J. Johnson</i>				
	11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) <i>Virginia</i>				
	12. MAIDEN NAME OF MOTHER <i>Elizabeth Morgan</i>				
	13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) <i>Missouri</i>				

**MEDICAL CERTIFICATE OF DEATH**

**16. DATE OF DEATH (MONTH, DAY AND YEAR)** *Dec 31 1929*

**17. I HEREBY CERTIFY, That I attended deceased from** *Dec 29*, 19*29*, to *Dec 31*, 19*29*, that I last saw her alive on *Dec 31*, 19*29*, and that death occurred, on the date stated above, at *2:45* p. m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**  
*Senility*  
*946*  
*162*  
 (duration) ..... yrs. .... mos. .... ds.

**CONTRIBUTORY** *Chronic Myocarditis* (SECONDARY) (duration) ..... yrs. .... mos. .... ds.

**18. WHERE WAS DISEASE CONTRACTED**.....  
 IF NOT AT PLACE OF BIRTH.....  
**DID AN OPERATION PRECEDE DEATH**..... DATE OF.....  
 WAS THERE AN AUTOPSY?.....  
 WHAT TEST CONFIRMED DIAGNOSIS?.....  
 (Signed) *Harry W. Wise*, M. D.  
*1/31 1929* (Address) *2301 1/2 Knapp Highway*

<b>19. PLACE OF BURIAL, CREMATION OR REMOVAL</b> <i>Cassville Mo.</i>	<b>DATE OF BURIAL</b> <i>12-31 1929</i>
<b>20. UNDERTAKER</b> <i>Harry Wise 2223 S. Grand</i>	<b>ADDRESS</b>

**14. INFORMANT** *Maud Reynolds*  
 (Address) *6341 Clayton rd*

**15. FILED** *DEC 31 1929*  
*May C. Stanley*  
 REGISTRAR

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.

MARGIN RESERVED FOR BINDING

V. NO. 2.

