

1927

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

Do not use this space.

Little, Vassar Faculty

26366
File No.
Registered No.
St. _____ Ward _____

1. PLACE OF DEATH

County Wright Registration District No. 1122
Township Clark Primary Registration District No. 6226
City _____ (No. _____) St. _____ Ward _____

2. FULL NAME

Johnnie Theodora Larue

(a) Residence _____ (Usual place of abode) St. _____ Ward _____ (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

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug. 1 1927

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

17. I HEREBY CERTIFY, That I attended deceased from 7/31 1927 to 8/1 1927 that I last saw him alive on 8/1 1927, and that death occurred, on the date stated above, at 1:45 A.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Mar. 7 1927

THE CAUSE OF DEATH* WAS AS FOLLOWS:

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
4 24

Congestion of bowels

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

119K
10888 (duration) yrs. mos. da.

CONTRIBUTORY (SECONDARY) (duration) yrs. mos. da.

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn

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

10. NAME OF FATHER Theodore L. Larue

DID AN OPERATION PRECEDE DEATH? DATE OF

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

WAS THERE AN AUTOPSY?

12. MAIDEN NAME OF MOTHER Rama Mc Grath

WHAT TEST CONFIRMED DIAGNOSIS?

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

(Signed) J. B. Little M. D.
, 19 (Address) Monroeville, Me.

*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.

14. INFORMANT Theodore L. Larue
(Address) Macomb, Me.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL

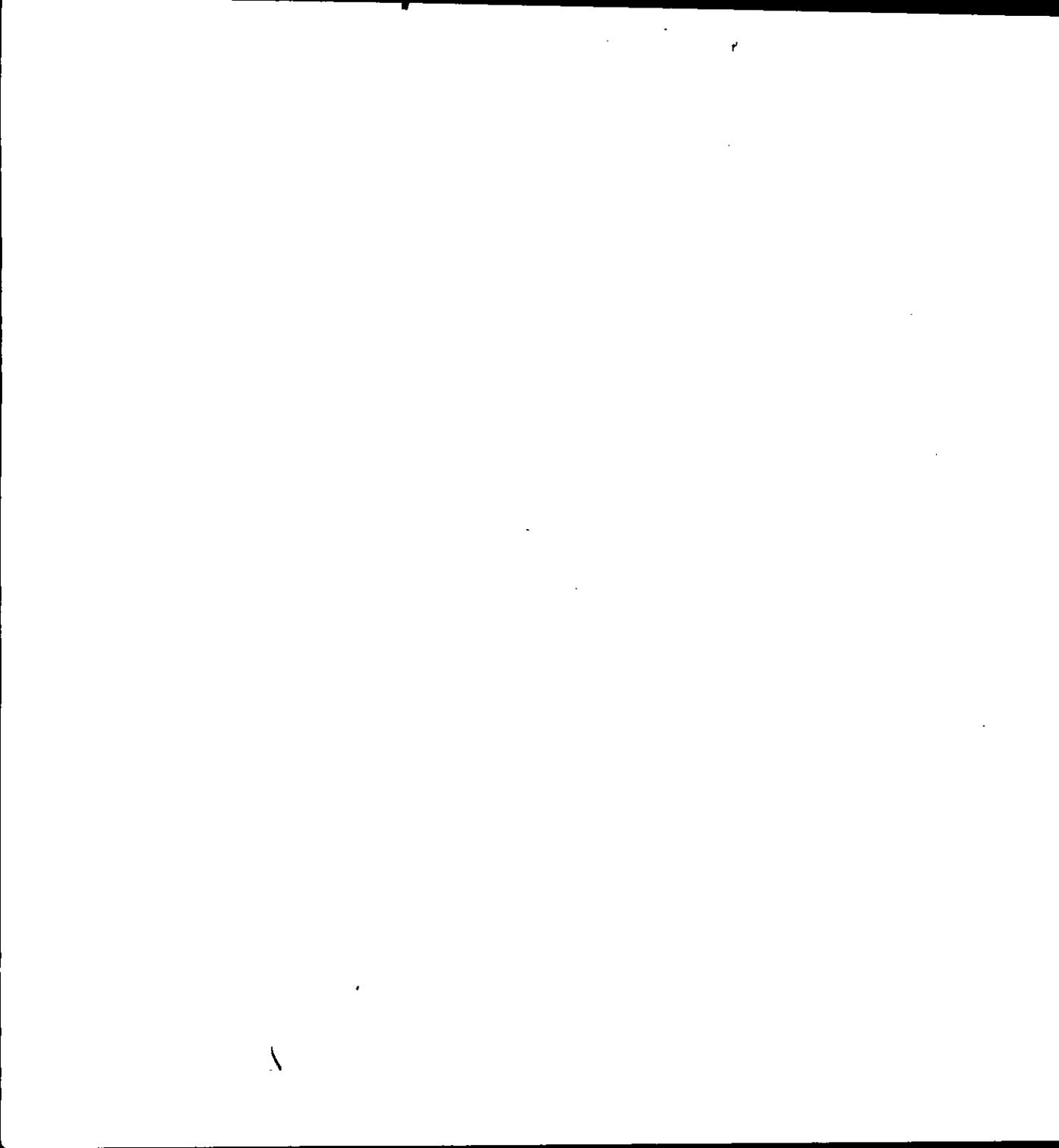
15. FILED 9/20 1927 T. B. Bouldin
REGISTRAR

Macomb 8/1 1927

20. UNDERTAKER ADDRESS

None

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. PHYSICIANS should state EXACTLY. AGE should be stated EXACTLY. Exact statement of OCCUPATION is very important.



S-26366

Martin Miller Co.