

MAR 26 1928

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

Do not use this space.

5911

1. PLACE OF DEATH

County *Phelps*
Township *Phelps*
City *Rolla* (No.)

Registration District No. *677*
Primary Registration District No. *H40-3*

File No.
Registered No. *9*
St. Ward)

2. FULL NAME

Martha Ellen Johnson

(a) Residence. No. St. 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 *female* 4. COLOR OR RACE *white* 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) *married*

6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *J. H. Johnson*

6. DATE OF BIRTH (MONTH, DAY AND YEAR) *March 14, 1869*

7. AGE	YEARS	MONTHS	DAYS	If LESS than, 1 day, ... hrs. or ... min.
<i>68</i>		<i>11</i>	<i>2</i>	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work *House wife*
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) *Marion Mo.*
(STATE OR COUNTRY)

PARENTS

10. NAME OF FATHER *Wm. Davis*

11. BIRTHPLACE OF FATHER (CITY OR TOWN) *Smith Co.*
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER *Eliza Temple*

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

14. INFORMANT *J. H. Johnson*
(Address) *Rolla Mo.*

15. FILED *Feb. 18, 1928* *Geo. F. Ayers*
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) *Feb. 16* 19 *28*

17. I HEREBY CERTIFY, That I attended deceased from *Feb. 6*, 19 *28*, to *Feb. 12*, 19 *28* that I last saw him alive on *Feb. 12*, 19 *28*, and that death occurred, on the date stated above, at *6 P* m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Acute Bright's Disease

130
120 (duration) yrs. *3* mos. da.
CONTRIBUTORY (SECONDARY) *Rectal Abscess.*
(duration) yrs. mos. *13* da.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH,

DID AN OPERATION PRECEDE DEATH? *NO* DATE OF

WAS THERE AN AUTOPSY? *NO*

WHAT TEST CONFIRMED DIAGNOSIS? *Chemical*

(Signed) *Geo. W. Honorn, M. D.*

Feb. 18, 1928 (Address) *Rolla Mo.*

*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 DATE OF BURIAL

Davis Cemetery *2-18* 19 *28*

20. UNDERTAKER ADDRESS
Mull & Licklider *Rolla, Mo.*

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.

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THEY ARE THE

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

ALL INFORMATION CALLED
FOR MUST BE WRITTEN ON
THIS SUPPLEMENTARY.

1. PLACE OF BIRTH

County Phelps
Township
City Ralla (No.)

Registration District No. 677
Primary Registration District No. 4403

File No.
Registered No.
St. Ward)

2. FULL NAME

(a) Residence. No. St. 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. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) M.

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

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

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

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work (duration) yrs. mos. ds.
(b) General nature of industry, business, or establishment in which employed (or employer) (duration) yrs. mos. ds.
(c) Name of employer

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

10. NAME OF FATHER

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

12. MAIDEN NAME OF MOTHER

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

14.

INFORMANT (Address)

15.

FILED May 6 1928 Joe F. Ayers REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 2-16 19 28

17. I HEREBY CERTIFY That I attended deceased from 19....., 19....., and that death occurred, on the date stated above, m.

THE CAUSE OF DEATH WAS AS FOLLOWS:

Acutel Brights Disease (Non-Tubercular)
CONTRIBUTORY Rectal Abscess (SECONDARY) No History of Injury
(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) Geo. W. Honour M. D. Rolla, Mo.
April 7, 1928 (Address) Phelps Office Mo.

*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 DATE OF BURIAL

20. UNDERTAKER ADDRESS

REGISTRARS SHALL RECEIVE A FEE FOR CERTIFICATES UNTIL N. B. CAUSE OF DEATH DESCRIBED BY LAW

SUPPLEMENTARY

