

31 1928

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

Do not use this space.

12907
Ruehoff

1. PLACE OF DEATH
 County Linn Registration District No. 318
 Town Independence Primary Registration District No. 1001
 (No. 1001) St. Mo. Ward 1

2. FULL NAME Josephine Johnson
 (a) Residence No. 417 28 St. Clifton Ward 1
 (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

MEDICAL CERTIFICATE OF DEATH

3. SEX Female
 4. COLOR OR RACE White
 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Child
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Child
 6. DATE OF BIRTH (MONTH, DAY AND YEAR) April 8 1926
 7. AGE YEAR MONTH DAYS If LESS than 1 day, hrs. or min. 2 3 1 1 26
 8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work Child
 (b) General nature of industry, business, or establishment in which employed (or employer)
 (c) Name of employer

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 4 1928
 17. I HEREBY CERTIFY, That I attended deceased from Mar 25, 1928, to April 4, 1928 that I last saw h. alive on April 4, 1928, and that death occurred, on the date stated above, at 3:20 a.m.
 THE CAUSE OF DEATH* WAS AS FOLLOWS:
Brain Pneumonia
11 H
107 H
 (duration) yrs. mos. ds. 10
 CONTRIBUTORY (SECONDARY) Epstein's Angina
 (duration) yrs. mos. ds. 14

9. BIRTHPLACE (CITY OR TOWN) Mo.
 (STATE OR COUNTRY)
 10. NAME OF FATHER Earl Johnson
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) Mo.
 (STATE OR COUNTRY)
 12. MAIDEN NAME OF MOTHER Irene Everett
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Mo.
 (STATE OR COUNTRY)
 14. INFORMANT Earl Johnson
 (Address) Independence Mo.
 15. FILED 4/7 28 Clifton Mo. REGISTRAR

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? Autopsy
 (Signed) J. N. Ruehoff, M. D.
 4/5, 1928 (Address) Center Bldg 710 High St
 *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 St Mary DATE OF BURIAL 4/6 1928
 20. UNDERTAKER W. H. Schmeyer ADDRESS Springfield Mo.

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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