

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

Do not use this space.

37598

1. PLACE OF DEATH

County Jefferson
Township Westerly
City Westerly (No.)

Registration District No. 424
Primary Registration District No. 4249

File No.
Registered No. 757 (Ward)

2. FULL NAME

Baby Johnson, Died Unnamed

(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

Male

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

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

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

Nov 20 - 1929

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, 75 hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work
(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)

Westerly Mo

10. NAME OF FATHER

Elmo Johnson

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Westerly Mo

12. MAIDEN NAME OF MOTHER

Julita Rudisail

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Peru Mo

14.

INFORMANT (Address)

Mrs. O. P. Johnson
Westerly Mo

15.

FILED

11/24, 1929
J. C. Rutledge
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

Nov 20 1929

17.

I HEREBY CERTIFY, That I attended deceased from Nov 20, 1929, to Nov 20, 1929, that I last saw him alive on Nov 20, 1929, and that death occurred, on the date stated above, at 8:30 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Premature Birth at about 7th month

CONTRIBUTORY (SECONDARY)

157 (duration) yrs. mos. ds.
1610 (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS

(Signed) J. C. Rutledge, M. D.

*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

Gravel Cemetery 11-20 1929

20. UNDERTAKER

ADDRESS

Gravel Cemetery
Gravel Cemetery Co Westerly 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.

