

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

Do not use this space.

15484

1. PLACE OF DEATH
 County Callaway Registration District No. 104
 Township Fulton Primary Registration District No. 3008
 City Fulton (No. _____) St. _____ (Ward _____)

2. FULL NAME Reuben 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. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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

5A. IF MARRIED, WIDOWED OR DIVORCED HUSBAND OF (OR) WIFE OF Lucinda 1853

6. DATE OF BIRTH (MONTH, DAY AND YEAR) D.K. D.K. 1853

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, _____ hrs. or _____ min.
77 D.K. - D.K.

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work Janitor
 (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) May 7 - 1930
 17. I HEREBY CERTIFY, That I attended deceased from Apr - 1 1930 to May 7 1930, that I last saw h. him alive on May 7 1930, and that death occurred, on the date stated above, at 11:00 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

1.31
122A (duration) yrs. mos. ds.
122A Bilateral Inguinal
 CONTRIBUTORY (SECONDARY)
Hernia, Chron. Nephritis (duration) mos. ds.

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

10. NAME OF FATHER D.K.

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

12. MAIDEN NAME OF MOTHER D.K.

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

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?
 (Signed) M. A. Richardson M. D.
 , 19 (Address) Fulton Mo.

14. INFORMANT Geo. Harper
 (Address) Fulton, MO

15. May 7 Filed 1930 R. N. Smead REGISTRAR

*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
Old Richland Cemetery May 9 1930

20. UNDERTAKER ADDRESS
Ali Bell Fulton, MO

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.

4 1830

