SEP 22 1930

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

Do not use this space.

26054

1. PLACE OF DEATH
County Callaway
Township
City Fulton (No. , St. Ward)
Registration District No. 104
Primary Registration District No. 3008
File No.
Registered No. 182

2. FULL NAME Mary Elizebeth Johnston
(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.

5

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word): Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) II/25 I890

7. AGE: YEARS 39 | MONTHS 8 | DAYS 25 | If LESS than 1 day, hrs. or min.

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

121A
122A
129

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

PARENTS
10. NAME OF FATHER Mayhew Jameson
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Mo.
12. MAIDEN NAME OF MOTHER Betty Halligan
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Ky.

14. INFORMANT V.A.Johnstom
(Address) Fulton Mo.

15. FILED Aug 4, 1930 R. N. Crews REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 8/8 1930

17. I HEREBY CERTIFY, That I attended deceased from Aug. 2nd. 1930, to Aug. 8th, 1930 that I last saw her alive on Aug. 8th, 1930, and that death occurred, on the date stated above, at 10. A M. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Peritonitis. General. following operation for ruptured appendix, and bowel, with marked fecal discharge internal, preoperative. (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Appendicitis (duration) 6 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH? yes DATE OF Aug. 2, 30.
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? P.E.
(Signed) Greene D. McCall, M. D.
, 19 (Address) Fulton 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: Hillcrest Cemetry
DATE OF BURIAL: 8/10 1930

20. UNDERTAKER: Herndon Taylor
ADDRESS: Fulton 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.