

SEP 25 1930

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

Raines
Do not use this space.
27265

1. PLACE OF DEATH

County Macon Registration District No. 323 File No. 64
Towship _____ Primary Registration District No. 9027 Registered No. _____
City Macon (No. _____) St. _____ Ward _____

2. FULL NAME Ideta Johnson

(a) Residence No. _____ St. _____ Ward _____
(Usual place of abode)
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

2 MEDICAL CERTIFICATE OF DEATH

3. SEX F 4. COLOR OR RACE Negro 5. SINGLE, MARRIED, WIDOWED OR DIVORCED W -

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug 3 1930

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

17. I HEREBY CERTIFY, That I attended deceased from July 1 1930 to Aug 3 1930 (that I last saw him alive on July 1, 1930, and that death occurred, on the date stated above, at 11 a m.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Apr 7 - 1874

THE CAUSE OF DEATH* WAS AS FOLLOWS:

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
56 | 3 | 26 | _____

M. G. ...
94A (duration) yrs. mos. 3 da.

8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work Horse keeper

CONTRIBUTORY (SECONDARY) Weak heart muscle (duration) yrs. mos. da.

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

18. WHERE WAS DISEASE CONTRACTED NOT AT PLACE OF DEATH

10. NAME OF FATHER Jos. Adams

DID AN OPERATION PRECEDE DEATH? DATE OF _____

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

WAS THERE AN AUTOPSY? _____

12. MAIDEN NAME OF MOTHER Margaret -

WHAT TEST CONFIRMED DIAGNOSIS? _____

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

(Signed) A. M. Raines M. D.

14. INFORMANT Ideta Johnson (Address) Macon Mo

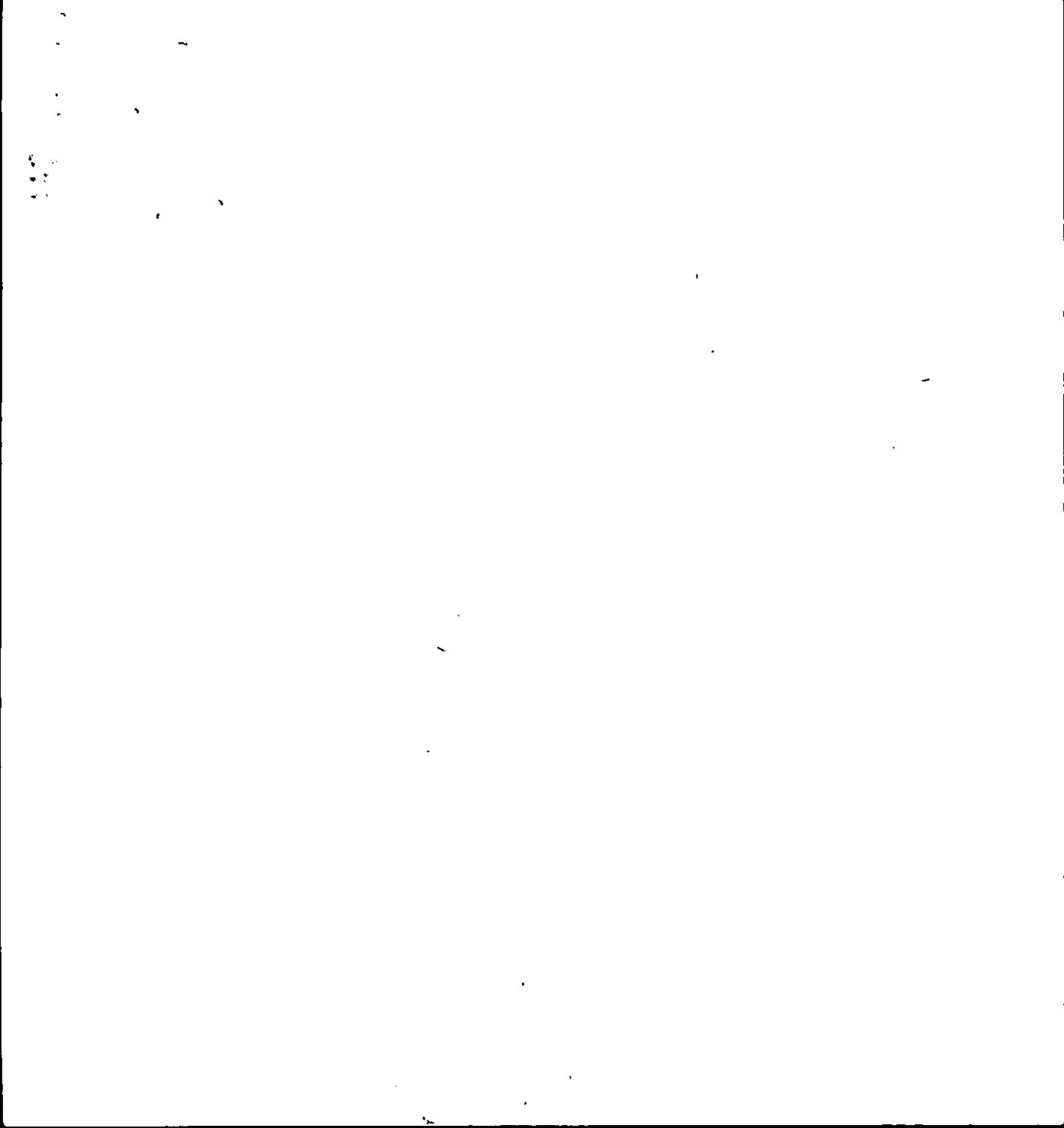
Aug 6, 1930 (Address) Macon Mo

15. FILED 8/12 30 Mrs Luke Hunkler 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 Woodlawn DATE OF BURIAL Aug 6 1930

20. UNDERTAKER Albert Skinner ADDRESS Macon



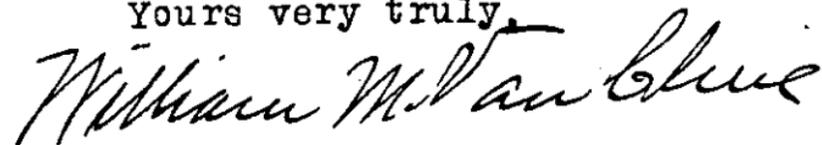
Bureau of Vital Statistics,
Jefferson City, Missouri

Gentlemen:

I want a certified copy of the record of the death of Mrs. Etta (Luetta) Johnson of Macon, Missouri.

I called upon the local register Mrs. Hunkler, and she sent the name as Etta Johnson and the womans correct name is Luetta Johnson. Etta Johnson and Luetta Johnson being one and the same person. Enclosed find stamps for Fifty Cents in payment of said certified copy. Would be pleased to have this as soon as possible in order that I might send the same to the Veteran's Bureau at Washington.

Yours very truly,



William M. Van Cleve

WMV:EJB

10 8

1930

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