

MAY 24 1935

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

Do not use this space.

1. PLACE OF DEATH

County JacksonTownship MapleCity KansasRegistration District No. 599Primary Registration District No. 1002(No. 905 Garfield)File No. 13068Registered No. 13068St. Mo. Ward

2. FULL NAME

Lue Rildia Goode Johnson(a) Residence, No. 705 Garfield

(Usual place of abode)

St.

Ward.

(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

Fe.

4. COLOR OR RACE

Col.

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

Married

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

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

Jan. 11, 1905

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

30311

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Missouri

MOTHER FATHER

13. NAME

Lock Goode

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Saline Ky. Missouri

15. MAIDEN NAME

Lula Logan

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Denver Colorado

17. INFORMANT (ADDRESS)

Lula Hegley 714 Garfield

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Highland

DATE

4/27 1935

19. UNDERTAKER (ADDRESS)

Platkins Brothers 1729 Lyda

20. FILED

426 1935M. W. Crowe, Registrar

MEDICAL CERTIFICATE OF DEATH

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

4/27 1935

22. I HEREBY CERTIFY, That I attended deceased from

4/20 1935, to 4/27 1935I last saw him alive on 4/22 1935 Death is saidto have occurred on the date stated above, at 10:45 P.M.

The principal cause of death and related causes of importance were as follows:

Date of onset

Acute Dilatation of Stomach

Other contributory causes of importance:

News-Circulatory Arrest

Name of operation

Date of

What test confirmed diagnosis? Autopsy

23. If death was due to external cause (violence), fill in also the following:

Accident, suicide, or homicide? No Date of injuryWhere did injury occur? Home (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

L. H. Jones, M. D.

(Address) New Centre Block 15th & Broad

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.

E. B. Prew

MAY 29 1935

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

ALL INFORMATION CALLED
FOR MUST BE WRITTEN ON
THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County.....

Registration District No. 399

Township.....

Primary Registration District No. 1002

City KANSAS CITY

(No. 905 Garfield)

File No.

Registered No. 1770

St. Ward)

2. FULL NAME

(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

4. COLOR OR RACE

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

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

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

13. NAME

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

15. MAIDEN NAME

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE DATE

19. UNDERTAKER (ADDRESS)

20. FILED 4/26 19 35 J. M. Crowe Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr. 22, 19 35

22. I HEREBY CERTIFY, That I attended deceased from

I last saw h..... alive on, 19..... Death is said to have occurred on the date stated above, at.....m.

The principal cause of death and related causes of importance were as follows:

Acute act of stoniness of stone to a loss of wall & perhaps a rupture of the
Other contributory causes of importance:
mesenteric
rupture by the
root of the

Name, operation..... Date.....
What test confirmed diagnosis? (Was there an autopsy?)
Yes

23. If death was due to external causes (accident, suicide, or homicide), fill in also the following:
Where did injury occur? mesenteric
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place
No further information
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify.....

(Signed) [Signature], M. D.
(Address) New Central Bldg
K.C.M.S.

SUPPLEMENTARY

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.
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.

JUN 6 1985

S-13068