

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

Do not use this space.

3311

File No. 2
 Registered No. _____
 _____ St. _____ Ward

1. PLACE OF DEATH
 57 County Lincoln Registration District No. 492
 Township Monroe Primary Registration District No. 5633A
 City Winfield (No. _____) St. _____ Ward _____

2. FULL NAME Ruth Johnson 525
 (a) Residence, No. W. Cap Au Gris St. _____ Ward _____
 (Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred 1 yrs. 4 mos. 4 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female	4. COLOR OR RACE White	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Infant
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF -----		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Jan. 8, 1937</u>		
7. AGE	YEARS	MONTHS
	<u>1</u>	<u>-</u>
		DAYS <u>4</u>
		If LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant	
	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)	<u>Winfield</u> <u>Mo</u>	
FATHER	13. NAME <u>Rhea Johnson</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Tennessee</u>	
MOTHER	15. MAIDEN NAME <u>Mattie Thompson</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Tennessee</u>	
17. INFORMANT <u>Rhea Johnson</u> (ADDRESS) <u>Winfield, Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Winfield, Mo.</u> DATE <u>Jan 13, 1938</u>		
19. UNDERTAKER <u>Ricks Funeral Home</u> (ADDRESS) <u>Winfield, Mo.</u>		
20. FILED <u>1/15</u> 19 <u>38</u> <u>R. Johnson</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 12, 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan 12, 1938, to January 12, 1938
 First saw her alive on January 12, 1938. Death is said to have occurred on the date stated above, at 6:30 p.m.
 The principal cause of death and related causes of importance were as follows:
followed acute pneumonia (lobar of left lung) followed by convulsion
 Date of onset 1/12/38

Other contributory causes of importance:
Convulsion 108 1/12/38

Name of operation _____
 What test confirmed diagnosis? Physical Examination

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____
 Where did injury occur? _____ (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? No.
 If so, specify _____
 (Signed) J. J. Allevato M. D.
 (Address) Winfield, 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.

RECEIVED

FEB 28 1938

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