

SEP 23 1938

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

29045
Do not use this space.

1. PLACE OF DEATH

(a) County Howard Registration District No. 378
 (b) Township Fayette, mo Primary Registration District No. 4222
 (c) City Fayette, mo (d) Street No. _____ St. _____
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Ruby Johnson 595

(a) Residence, No. _____ St. (If nonresident, give city or town and State)
 (Usual place of abode; if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE negro 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1869

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
About 69

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. None
 9. Industry or business in which work was done, as 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) Fayette, mo.

13. NAME Louis Hugh

14. BIRTHPLACE (CITY OR TOWN), (STATE OR COUNTRY) Howard Co.

15. MAIDEN NAME None

16. BIRTHPLACE (CITY OR TOWN), (STATE OR COUNTRY) None

17. INFORMANT (ADDRESS) John Broadus Fayette, mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Fayette DATE 8/24/38

19. FUNERAL DIRECTOR (NAME) (ADDRESS) D. S. Weinson Fayette, mo.

20. FILED Sep. 6, 1938 V. O. Bonham Local Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8/2/38 1938

22. I HEREBY CERTIFY, That I attended deceased from May 25 1935 to Aug 2 1938
 I last saw her alive on July 23, 1935. Death is said to have occurred on the date stated above, at 8:15 a.m.
 The principal cause of death and related causes of importance were as follows:

Uremia
131
 Date of onset 7-23-38

Other contributory causes of importance: Adiposclerosis Cardiovascular Renal disease
7-22-38

Name of operation None Date of _____
 What test confirmed diagnosis? clinical Was there an autopsy? no

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) D. R. Coffeyman, M. D.
327 (Address) Fayette, mo.

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.

STATE OF TEXAS
DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

Date Filed 9/9/38
District File Number _____
District Health Officer No. 8,

RECEIVED

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, _____, or by _____

Registered Apprentice No. _____, working under my personal supervision.

Signed W. R. Hall

Licensed Embalmer No. 3515

P. O. Address Midland

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.