

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

Do not use this space.

19247

1. PLACE OF DEATH

County Henry Registration District No. 347 File No. _____
 Township Clinton Primary Registration District No. 5488 Registered No. 51
 City _____ (No. _____) St. _____ Ward _____

2. FULL NAME

Ruth Lucille Johnson

(a) Residence No. _____ St. _____ Ward _____ (If nonresident, give city or town and State)
 (Usual place of abode)
 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 7 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Fordie Johnson
 6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan 4 - 1894
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
36 5 14

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work Housekeeper
 (b) General nature of industry, business, or establishment in which employed (or employer) _____
 (c) Name of employer _____

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

10. NAME OF FATHER Hopkins

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Don't know

12. MAIDEN NAME OF MOTHER Ellis

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

14. INFORMANT Fordie Johnson
 (Address) Clinton - Mo

15. FILED 6/19 1930 Dr. E.C. Peeler
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 18 1930
 17. I HEREBY CERTIFY, That I attended deceased from May 28, 1930 to June 18, 1930
 that I last saw her alive on June 18 1930, and that death occurred, on the date stated above, at 8:30 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
ulcer stomach

38
 17A (duration) yrs. mos. ds.
 CONTRIBUTORY (SECONDARY) malaria
 (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH _____

DID AN OPERATION PRECEDE DEATH? no DATE OF _____
 WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS?
 (Signed) Samuel A. Poague M. D.
6/19 1930 (Address) Clinton 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 DATE OF BURIAL
Clinton Mo June 19 1930

20. UNDERTAKER ADDRESS
Spore Son Clinton 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.

6-22-30

PARENTS

