

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

1600M-11-24-33

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.

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

Do not use this space.

1. PLACE OF DEATH

County HENRY  
Township Clinton  
City CLINTON (No. 347)

Registration District No. 347  
Primary Registration District No. 3018

File No. 8694  
Registered No. 42  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

Ruth Frylene Johnson

(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. 5 mos. \_\_\_\_\_ ds. How long in U. S., if of foreign birth? yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>March 5 1921</u>		
7. AGE	YEARS <u>13</u>	MONTHS <u>21</u>
	DAYS <u>21</u>	If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

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) Stafford Indiana

13. NAME Marvin Chris Johnson

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

15. MAIDEN NAME Pearl L Hopkins

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

17. INFORMANT (ADDRESS) Marvin Johnson Clinton Mo

18. BURIAL, CREMATION, OR REMOVAL Capeleworth DATE 3-27 1934

19. UNDERTAKER (ADDRESS) Fred Wilkinson Clinton Mo

20. FILE 3-26 1934 J R Houghton Registrar

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-26 34

22. I HEREBY CERTIFY, That I attended deceased from March 24, 1934 to March 25, 1934. I last saw her alive on March 25, 1934. Death is said to have occurred on the date stated above, at 8:30 A m.

The principal cause of death and related causes of importance were as follows:  
Scarlet fever March 23

8  
107A  
Other contributory causes of importance  
Bronchial pneumonia

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

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? \_\_\_\_\_  
If so, specify \_\_\_\_\_

(Signed) Dr. S. B. Hughes, M. D.  
(Address) \_\_\_\_\_

