

SEP 27 1928

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

Do not use this space.

29483

1. PLACE OF DEATH

County Sullivan
Township Liberty
City Osgood

Registration District No. 85-3
Primary Registration District No. 6117

File No. _____
Registered No. 21
St. _____ Ward) _____

2. FULL NAME

Lura E. Johnson

(a) Residence. No. _____ St., _____ Ward.
(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. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married

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

Johnson

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 2 - 1860

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
68 3 22

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) -

(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN); (STATE OR COUNTRY) Mo.

10. NAME OF FATHER Shibley

11. BIRTHPLACE OF FATHER (CITY OR TOWN); (STATE OR COUNTRY) Ohio

12. MAIDEN NAME OF MOTHER Donoho

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

14. INFORMANT L. C. Johnson
(Address) Osgood Mo

15. FILED 8/26 1928 A. W. Wedner
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

3
16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug 24 1928

17. I HEREBY CERTIFY, That I attended deceased from never, 19____, to never, 19____, that I last saw her alive on never, 19____, and that death occurred, on the date stated above, at 5 h. t. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Apoplexy, Found dead in bed
87A
17 (duration) sudden yrs. mos. da.
CONTRIBUTORY (SECONDARY) Arterio Sclerosis
(duration) 10 yrs. mos. da.

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

19. DID AN OPERATION PRECEDE DEATH? no DATE OF 2

20. WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? pupillary condition.
(Signed) U. C. Weston, M. D.
8-24-1928 (Address) Galt 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 Campground (Osgood Mo) DATE OF BURIAL Aug 26 1928

20. UNDERTAKER W. Payne ADDRESS Galt, Mo.

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

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.

