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

Do not use this space. 6322 Ramsey

1. PLACE OF DEATH
County Jackson
Township Ft. Osage
City (No. St. Ward)
Registration District No. 396
Primary Registration District No. 5552
File No.
Registered No. 2

2. FULL NAME Sarah H. 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. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): widow
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Carel Johnson
6. DATE OF BIRTH (MONTH, DAY AND YEAR): Feb 22 - 1857
7. AGE: Years 77, Months 11, Days 24; If LESS than 1 day, hrs. or min.
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Ret Farmers wife
(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): Oak Grove Mo
PARENTS
10. NAME OF FATHER: Josiah Owens
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Tenn
12. MAIDEN NAME OF MOTHER: Harris
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Tenn
14. INFORMANT: Mrs Claude Bowling
(Address): Buckner Mo
15. FILED 3-10, 1929 H. D. Ramsey REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): 2 - 16 1929
17. I HEREBY CERTIFY, That I attended deceased from June 1, 1927, to Feb 16, 1929, that I last saw her alive on Feb 5, 1929, and that death occurred, on the date stated above, at 1-30 P.M.
THE CAUSE OF DEATH* WAS AS FOLLOWS: Pulmonary Tuberculosis
23A
(duration) yrs. mos. ds.
CONTRIBUTORY (SECONDARY) 31
(duration) yrs. mos. ds.
18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH?
8 DID AN OPERATION PRECEDE DEATH? DATE OF
WAS THERE AN AUTOPSY?
WHAT TEST CONFIRMED DIAGNOSIS? Clinical
(Signed) H. D. Ramsey, M. D
3-10, 1929 (Address) Buckner 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: Oakland
DATE OF BURIAL: 2-18 1929
20. UNDERTAKER: G B Webb
ADDRESS: Blue Springs 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.

8 Feb 28 1929 1 2 2 2 3 5