

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

Do not use this space.

15607

JUN 24 1930

1. PLACE OF DEATH
 County Christian Registration District No. 184
 Township Franklin Primary Registration District No. 4110
 City Clark Mo. (No. _____) St. _____ Ward _____

2. FULL NAME Sarah Ann 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) Widow

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

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

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, _____ hrs. or _____ min.
	<u>89</u>	<u>8</u>	<u>2</u>	

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

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 2 1930

17. I HEREBY CERTIFY, That I attended deceased from April 1st, 1930 to May 2, 1930 that I last saw her alive on May 2, 1930, and that death occurred, on the date stated above, at 9:00 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cancer of Stomach
46 B
44 W (duration) _____ yrs. _____ mos. _____ ds.

CONTRIBUTORY (SECONDARY) _____ (duration) _____ yrs. _____ mos. _____ ds.

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

10. NAME OF FATHER Samuel Boyd

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Georgia (STATE OR COUNTRY) _____

12. MAIDEN NAME OF MOTHER Priscilla Wood

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

14. INFORMANT Mrs. Bissner (Address) Clark Mo.

15. FILED May 20 1930 Louella Leonard REGISTRAR

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?
 (Signed) J. O. Young, M. D.
May 3, 1930 (Address) Clark 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 City Cemetery Clark Mo. DATE OF BURIAL May 4 1930

20. UNDERTAKER B. C. Klepper ADDRESS Clark 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.

