

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

Do not use this space.

6286

1. PLACE OF DEATH
 53 County Paducah Registration District No. 449
 Township Spring Hollow Primary Registration District No. 5673
 City (No.) St. Ward

2. FULL NAME Sarah Elizabeth 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 ♀ 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 W.D. Johnson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar 30 - 1853

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	<u>79</u>	<u>10</u>	<u>22</u>	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer Widow

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) Dover Delaware

MOTHER FATHER
 13. NAME Lora Pickard
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland
 15. MAIDEN NAME May Loughlin
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

17. INFORMANT (ADDRESS) W. Johnson

18. BURIAL, CREMATION, OR REMOVAL PLACE Polis Cemetery DATE 2-23-1933

19. UNDERTAKER (ADDRESS) Patrick Lison

20. FILED 2/22 1933 J.M. Bellamy
 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 22 1933

22. I HEREBY CERTIFY That I attended deceased from Jan 27 1933 to Feb 22 1933
 I last saw her alive on Feb 22 1933 Death is said to have occurred on the date stated above, at 11:10 A.M.
 The principal cause of death and related causes of importance were as follows:
3rd Degree Burns Date of onset Jan 27
about body
120
56

Other contributory causes of importance:
Septis secondary
Burns

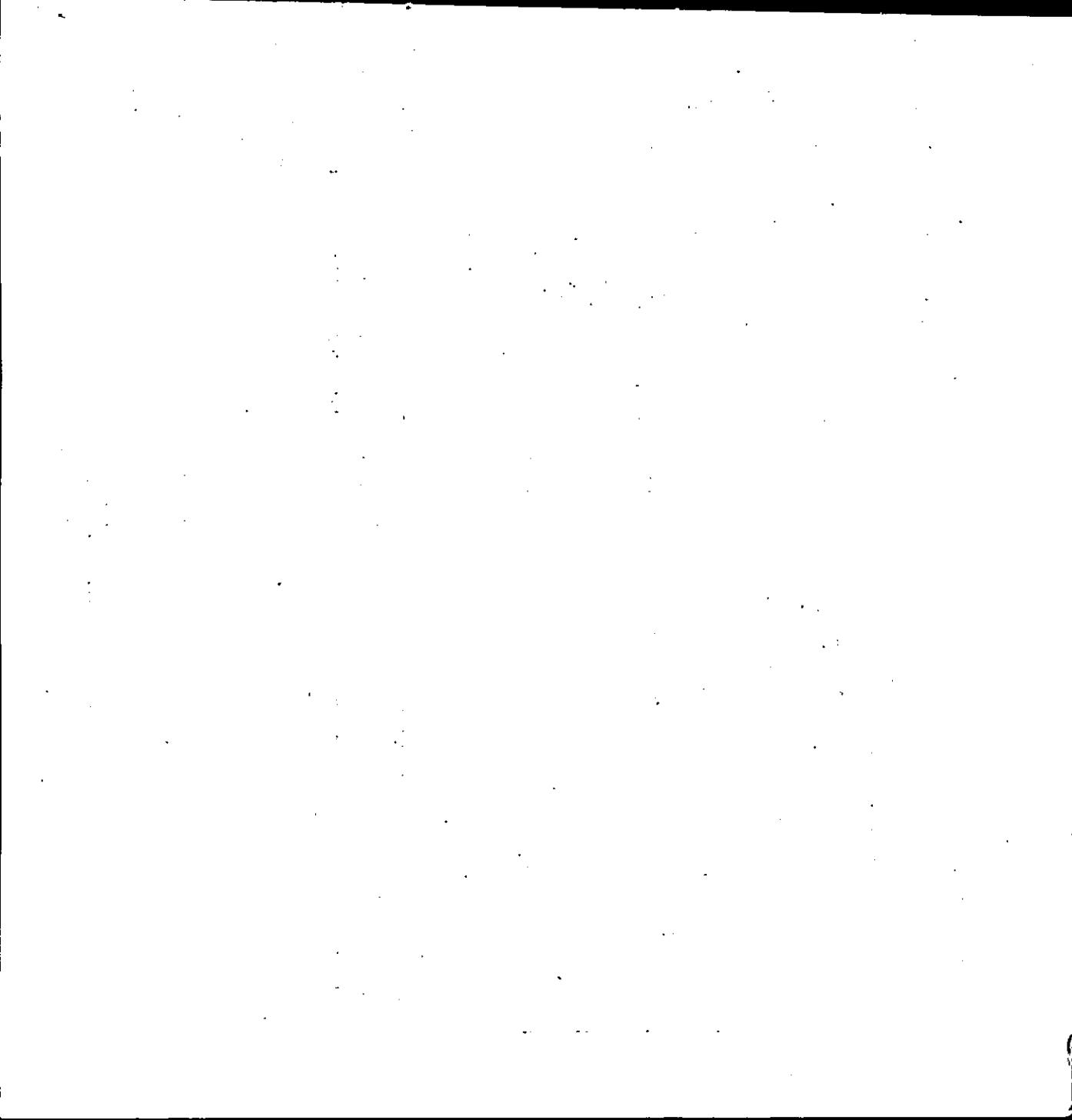
Name of operation none Date of
 What test confirmed diagnosis Physical exam Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? Date of injury Jan 27 1933
 Where did injury occur? at her home (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury 3rd degree Burns
 Nature of injury caught fire from stove

24. Was disease or injury in any way related to occupation of deceased? NO
 If so, specify

(Signed) P. H. Thompson, M. D.
 (Address) Weldon mo



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ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Laclede Registration District No. 449 File No. _____
 Township Spring Hill Primary Registration District No. 5613 Registered No. 1822
 City _____ (No. _____) St. _____ Ward _____

2. FULL NAME

(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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) W

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar 30 - 1853

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
79 10 22

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____
 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) _____

13. NAME _____

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

15. MAIDEN NAME _____

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____

17. INFORMANT (ADDRESS) _____

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE 19____

19. UNDERTAKER (ADDRESS) _____

20. FILED 4/11 1933 J.M. Bellows Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 22 1933

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____

I last saw h. _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at _____ m.

The principal cause of death and related causes of importance were as follows:

3rd degree burn on back Date of onset _____
body

Other contributory causes of importance:

severe pneumonia
to burn 180

Name of operation Tracheal Date of _____
 What test confirmed diagnosis? physical Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? accident Date of injury Jan. 22, 1933

Where did injury occur? at his home (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. at his home

Manner of injury 3rd degree
 Nature of injury caught fire from stove

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) _____, M. D.

(Address) _____

SUPPLEMENTARY

S-6286

2710

Stationary & Movable