

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.

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

Do not use this space.

25463

SEP 18 1935

1. PLACE OF DEATH
 County Adair Registration District No. 4
 Township Wickliffe Primary Registration District No. 3001
 City Wickliffe No. _____ St. _____ Ward _____

2. FULL NAME Sarah A. Johnson
 (a) Residence, No. 912 S. Florence St. 4 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

MEDICAL CERTIFICATE OF DEATH

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 Poke Johnson
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 27-1870
 7. AGE YEARS 65 MONTHS — DAYS 15 IF LESS than 1 day, _____ hrs. or _____ min.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 12 1935
 22. I HEREBY CERTIFY, That I attended deceased from Aug. 11 1935 to Aug. 12 1935
 I last saw her alive on Aug 12 1935 Death is said to have occurred on the date stated above, at I. O. A., m.
 The principal cause of death and related causes of importance were as follows:

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

Chronic endocarditis
 (acute cardiac decompensation induced by hot weather & over-exertion)
 Date of onset _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Adair Co. Mo.
 13. NAME Joe Salisbury
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.
 15. MAIDEN NAME Amanda Stover
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

Other contributory causes of importance
Arteriosclerosis
Cerebral hemorrhages
(2 slight strokes in last 3 yrs)

17. INFORMANT (ADDRESS) Urright H. Fletcher
Wickliffe, Mo.
 18. BURIAL, CREMATION, OR REMOVAL PLACE Barbercreek DATE 8/14 1935
 19. UNDERTAKER (ADDRESS) Spencer Inman
Wickliffe Mo.
 20. FILED Aug 12 1935 Spencer Inman
 Registrar.

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? No.
 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? No.
 If so, specify _____
 (Signed) Spencer Inman, M. D.
 (Address) Wickliffe, Mo.

