

SEP 20 1937

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

Do not use this space.

File No. 30840

Registered No. _____

1. PLACE OF DEATH
to County Howell Registration District No. 384
Township Howell Primary Registration District No. 5535-
City _____ No. _____ St. _____ Ward _____

2. FULL NAME SARAH J 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 50 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 Fem 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) MARRIED
5A. IF MARRIED, WIDOWED, DIVORCED, HUSBAND OF (OR) WIFE OF J T JOHNSON

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 30, 1937
22. I HEREBY CERTIFY, That I attended deceased from 1-1-, 1937, to 5-30, 1937
I last saw her alive on 5-1-, 1937 Death is said to have occurred on the date stated above, at 1:30 p. m.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) JUNE 15 1864

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
72 11 15
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. house
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.

Other contributory causes of importance:
None

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Greene Co. Mo

Name of operation None Date of _____
What test confirmed diagnosis? EXAMINATION Was there an autopsy? No

13. NAME CARROLL THOMAS
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) UNK

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.

15. MAIDEN NAME NANCY PENDLETON
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) TENN

Manner of injury _____
Nature of injury _____

17. INFORMANT S T JOHNSON
(ADDRESS) WEST PLAINS MO

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

18. BURIAL, CREMATION, OR REMOVAL
PLACE HomeLand DATE May 31, 1937

(Signed) E R Keen, M. D.
(Address) West Plains Mo

19. UNDERTAKER Robertsons
(ADDRESS) WEST PLAINS MO

20. FILED 5-31-1937 Vida W SIMONS
Registrar.

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.

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