

REC'D FEB - 5 1939

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

Do not use this space.

3432

File No. *40*
Registered No. ~~40~~ 40
St. *41* Ward

1. PLACE OF DEATH

County *DeWitt* Registration District No. *668*
Township *2* Primary Registration District No. *3039*
City *Sedalia* (No. *2013*, S *Ohio*) St. *41* Ward

2. FULL NAME

525 *Rosie Johnson*
(a) Residence, No. *2013* *Ohio* 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 *F* 4. COLOR OR RACE *negro* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

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

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
105 *1* *2*

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *House Wife*

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) *Cooper County*13. NAME *Doris Knowlton*14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Doris Knowlton*15. MAIDEN NAME *Sarah Jackson*16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Doris Knowlton*17. INFORMANT *Eliza Watson*
(ADDRESS) *207 38 Ohio*

18. BURIAL, CREMATION, OR REMOVAL

PLACE *Sedalia* DATE *Feb 1* 1939

19. UNDERTAKER *Price Alexander*
(ADDRESS) *400 West Campbell Street*20. FILED *Jan 31* 1939 *Mrs Harry Sneed*
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *1-29-1939*

22. I HEREBY CERTIFY, That I attended deceased from *June 2-1937*, to *1-29-1939*
I last saw her alive on *1-29-1939*. Death is said to have occurred on the date stated above, at *8:30* a.m.
The principal cause of death and related causes of importance were as follows:

Date of onset

Chronic Interstitial Nephritis

Other contributory causes of importance: *121*

Arterio-Sclerosis

Name of operation Date of
What test confirmed diagnosis *Glucose test* 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?
If so, specify

(Signed) *J. R. Washburn*, M. D.
(Address) *116 1/2 W. Main*

Every item of information should be carefully supplied. AGS 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.

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed *1/8/39*