OCT 2 [illegible]

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

Do not use this space.

26760

1. PLACE OF DEATH
County Clark — Registration District No. 189 — File No.
Township Vernon — Primary Registration District No. 5263 — Registered No.
City ..... (No. ..... St. ..... Ward)

2. FULL NAME George Johnson
(a) Residence. No. ..... St., ... Ward. HO (If nonresident give city or town and State)
(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE W.
5. [redacted], WIDOWED OR [redacted] (write the word) Widowed
5A. IF [redacted], WIDOWED, [redacted] HUSBAND OF (OR) [redacted] Margaret E. Harrison
6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct. 8, 1845
7. AGE — YEARS 81 — MONTHS 10 — DAYS 24 — If LESS than 1 day, ... hrs. or ..... min.
8. OCCUPATION OF DECEASED Retired
(a) Trade, profession, or particular kind of work Assessor Clark Co
(b) General nature of industry, business, or establishment in which employed (or employer) " "
(c) Name of employer
9. BIRTHPLACE (CITY OR TOWN) ..... (STATE OR COUNTRY) Alsace Lorraine

PARENTS
10. NAME OF FATHER Geo J. Johnson
11. BIRTHPLACE OF FATHER (CITY OR TOWN) ..... (STATE OR COUNTRY) France
12. MAIDEN NAME OF MOTHER Adella Sire name not known
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) ..... (STATE OR COUNTRY) France.

14. INFORMANT Louis Johnson (Address) Kahoka Mo.
15. FILED Oct 4, 1927 Dr. F. A. S. Rabo REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept 2 1927
17. I HEREBY CERTIFY, That I attended deceased from July 15, 1927, to Sept 2, 1927, that I last saw h..... alive on ....., 19..., and that death occurred, on the date stated above, at 6:30 A.M.
THE CAUSE OF DEATH* WAS AS FOLLOWS: Cardiac Dilatation
(duration) 1 yrs. ..... mos. ..... ds.
CONTRIBUTORY (SECONDARY) Cancer Liver
(duration) 1 yrs. ..... mos. ..... ds.
18. WHERE WAS DISEASE CONTRACTED? IF NOT AT PLACE OF DEATH? ..... DID AN OPERATION PRECEDE DEATH? No DATE OF ..... WAS THERE AN AUTOPSY? No WHAT TEST CONFIRMED DIAGNOSIS? Xray
(Signed) H. O. Strosnider, M.D.
9/3, 1927 (Address) St Francisville

*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 Sand Cem. St. Francisville Mo. — DATE OF BURIAL 9/4 1927
20. UNDERTAKER Fred J Kacle — ADDRESS Kahoka Mo.

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.