

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

Do not use this space.

14726

**1. PLACE OF DEATH**

County Jackson Registration District No. \_\_\_\_\_  
 Township Kan Primary Registration District No. \_\_\_\_\_  
 City Kansas City (No. Kansas City General Hosp.) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
 Registered No. 1771

**2. FULL NAME**

Johnston Larry  
 (a) Residence. No. 1727 Pennl. 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. da.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 8-19-1928

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
7 20 25

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work chief  
 (b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_  
 (c) Name of employer \_\_\_\_\_

9. BIRTHPLACE (CITY OR TOWN) Kansas City  
 (STATE OR COUNTRY) Missouri

10. NAME OF FATHER Paul Johnston

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Oklahoma  
 (STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Katherine Mansfield

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Oklahoma  
 (STATE OR COUNTRY)

14. INFORMANT Record Clerk  
 (Address) Kansas City Gen Hosp.

15. FILED 4/14 1929 M. M. Kennel  
 REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) 4-14-1929

17. I HEREBY CERTIFY, That I attended deceased from 3-1-1929, to 4-14-1929,  
 that I last saw him alive on 4-14-1929, and that death occurred, on the date stated above, at 6:15 a. m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

marasmus  
15 8 160 (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) \_\_\_\_\_ (duration) yrs. mos. ds.

**18. WHERE WAS DISEASE CONTRACTED**

IF NOT AT PLACE OF DEATH \_\_\_\_\_

8 DID AN OPERATION PRECEDE DEATH? \_\_\_\_\_ DATE OF \_\_\_\_\_

WAS THERE AN AUTOPSY? \_\_\_\_\_

WHAT TEST CONFIRMED DIAGNOSIS \_\_\_\_\_

(Signed) Harvey Jewell M. D.

4/14, 1929 (Address) Post Supt K.C.G.H.

\*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 \_\_\_\_\_ DATE OF BURIAL \_\_\_\_\_

Funeral Home April 15 1929

20. UNDERTAKER Frost & Henderson Kansas City

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.

ALL INFORMATION CONTAINED HEREIN IS UNCLASSIFIED EXCEPT WHERE SHOWN OTHERWISE

CONFIDENTIAL - SECURITY INFORMATION

TO: DIRECTOR, FBI  
FROM: SAC, [illegible]  
SUBJECT: [illegible]

[illegible text block]

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