

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

Do not use this space.

33482

1. PLACE OF DEATH

County Adair
Township Liberty
City Liberty (No. _____)

Registration District No. 978
Primary Registration District No. 5008

File No. _____
Registered No. _____
St. _____ Ward _____

2. FULL NAME

Francis Marion Johnson
(a) Residence. No. _____ St. _____ Ward _____
(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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>m</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Elizabeth Johnson</u>		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>Sept 2-1853</u>		
7. AGE <u>78</u>	YEARS <u>1</u>	MONTHS <u>10</u>
	DAYS <u>3</u>	IF LESS than 1 day, _____ hrs. or _____ min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work. Farmer
(b) General nature of industry, business, or establishment in which employed (or employer).
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Mt. Rose
(STATE OR COUNTRY) Iowa

PARENTS

10. NAME OF FATHER <u>John P. Johnson</u>
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Vermont</u>
12. MAIDEN NAME OF MOTHER <u>Mary Sagg</u>
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Vt.</u>

14. INFORMANT Sam Johnson
(Address) 4000 1/2 Ave. W. Minn.

15. FILED 11/10/31
W. E. Minn.
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct 5 1931
17. I HEREBY CERTIFY, That I attended deceased from Sept 19 1931 to Oct 5 1931 that I last saw him live on Sept 15 1931 and that death occurred, on the date stated above, at _____ m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cardio-Renal.
950
CONTRIBUTORY (SECONDARY) 978
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH _____
DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____
WAS THERE AN AUTOPSY? _____
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) A. Stabler, M. D.
(Address) Kirkville Mo
*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 <u>Pratt</u>	DATE OF BURIAL <u>Oct 5 1931</u>
20. UNDERTAKER <u>Summers Son.</u>	ADDRESS <u>Kirkville</u>

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.

DEC 21 1931

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FILED
FEB 19 1964
FBI - MEMPHIS

SEARCHED INDEXED
SERIALIZED FILED
FEB 19 1964
FBI - MEMPHIS