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.

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

Do not use this space.

20067

1. PLACE OF DEATH

59 County Livingston — Registration District No. 515 — File No.

Township Blue Mound — Primary Registration District No. 5684 — Registered No. 4

City Dawn (No. ..... St. ..... Ward)

2. FULL NAME John Franklin Johnson

(a) Residence, No. ..... St., ... Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M
4. COLOR OR RACE: wh
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Louise Johnson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Mar. 24-1853

7. AGE: YEARS 79 — MONTHS 2 — DAYS 9 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Farmer
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): Mo

FATHER
13. NAME: David Johnson
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ky

MOTHER
15. MAIDEN NAME: Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT (ADDRESS): Fred Johnson, Dawn, Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Monroe Cem DATE 6-6-1932

19. UNDERTAKER (ADDRESS): B F Mead, Brayner, Mo

20. FILED June 4, 1932 Teressa A. Haynes, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): June 3, 1932

22. I HEREBY CERTIFY, That I attended deceased from Feb 1, 1932, to June 1, 1932

I last saw him alive on June 1, 1932. Death is said to have occurred on the date stated above, at 5:30 a.m.

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

Influenza of Pneumonia — Date of onset: Feb 32

Other contributory causes of importance:

Senility

Name of operation: none — Date of

What test confirmed diagnosis? None — 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? No

If so, specify

(Signed) Geo Morse, M. D.

(Address) Ludlow Mo