WHITE PLAINLY, WITH UNFADING INK. [illegible]

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.

OCT 15 1934

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

Do not use this space.

28802

1. PLACE OF DEATH

County Dade — Registration District No. 1109 — File No. 2

Township Sac — Primary Registration District No. 5333 — Registered No.

City ~~Greenfield Mo~~ No. ..... St. ..... Ward)

2. FULL NAME Frances C. 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 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Widowed.

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF ~~(OR) WIFE OF~~ Geo. W. Johnson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 20 - 1859

7. AGE: YEARS 75 — MONTHS 5 — DAYS 21 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
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) Marion Co. Ill.

FATHER
13. NAME John Haskins
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown.

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

17. INFORMANT (ADDRESS) Bert Johnson, Greenfield, Mo.

18. BURIAL, ~~CREMATION, OR REMOVAL~~ PLACE Greenfield Cem DATE Aug. 11 1934

19. UNDERTAKER (ADDRESS) G.W. Ward, Greenfield, Mo.

20. FILED Sept 11 1934 Winnie King Ross Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 11, 1934

22. I HEREBY CERTIFY, That I attended deceased from Aug 11, 1934, to Aug 11, 1934

I last saw her alive on Aug 11, 1934 Death is said to have occurred on the date stated above, at 3:30 P m.

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

Cerebral Haemorrhage (Paralysis)

Date of onset

Other contributory causes of importance

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

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) T. J. Drisdel, M. D.

(Address) Greenfield Mo