

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.

1940 APR 28 1940

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

Do not use this space.

12036

**1. PLACE OF DEATH**

County Phelps Registration District No. 680  
Township Spring Creek Primary Registration District No. 5908  
City 2 (No. 2) St. 2 (Ward)

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

**2. FULL NAME**

Doctor Franklin Johnson

(a) Residence, No. \_\_\_\_\_ 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. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <u>M</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Virginia Johnson</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Apr. 15, 1854</u>		
7. AGE	YEARS <u>84</u>	MONTHS <u>10</u>
	DAYS <u>28</u>	If LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Farmer</u>	
	10. Date deceased last worked at this occupation (month and year) _____ 19 <u>30</u>	
	11. Total time (years) spent in this occupation _____	

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr. 13, 1940

22. I HEREBY CERTIFY, That I attended deceased from Apr. 12, 1940 to Apr. 13, 1940

I last saw him alive on 3-12-40, 1940. Death is said to have occurred on the date stated above, at 3:20 a.m.

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

Chronic Reluctant Date of onset 1933

Other contributory causes of importance: 121

MOTHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Phelps, Mo.</u>
	13. NAME <u>Meritt Johnson</u>
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Phelps, Mo.</u>
	15. MAIDEN NAME <u>Ann Johnson</u>
FATHER	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Phelps, Mo.</u>
	17. INFORMANT (ADDRESS) <u>John Johnson</u>
	18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Johnson Cem. Spring Creek, Mo.</u> DATE <u>Apr. 14, 1940</u>
	19. UNDERTAKER (ADDRESS) <u>John Ruppberger</u>
20. FILED <u>Apr 20, 1940</u> <u>Alpha Coffin</u> Registrar.	

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? Yes

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? Yes  
If so, specify \_\_\_\_\_  
(Signed) J. G. [Signature] M. D.  
(Address) 1. [Address]

RECEIVED

District Health Officer No. 5,

District File Number 440361

Date Filed 4340