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.

SEP 28 1936

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

Do not use this space.

48823

File No.
Registered No.

1. PLACE OF DEATH
County Pike
Registration District No. 689
Township Buffalo
Primary Registration District No. 3033
City Louisiana (No. Pike County Hospital St. Ward)

2. FULL NAME Baby 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: 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) 8/21/36

7. AGE YEARS MONTHS DAYS
Stillborn
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) Louisiana Mo

FATHER
13. NAME Lavon Orland Johnson
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Nebo Illinois

MOTHER
15. MAIDEN NAME Adlene Marie Long
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pearl Illinois

17. INFORMANT (ADDRESS) Lavon Orland Johnson Nebo Ill

18. BURIAL, CREMATION, OR REMOVAL
PLACE Long Cem Bellevue DATE 8/22 1936

19. UNDERTAKER (ADDRESS) None

20. FILED 8/24 1936 F C Heller Jr. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8-21 1936

22. I HEREBY CERTIFY, That I attended deceased from Aug 21 1936 to Aug 21 1936
I last saw him alive on Still born 1936. Death is said to have occurred on the date stated above, at m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Still Born	
Cause unknown.	
Probably embolism.	

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) C. Cunningham, M. D.
(Address) Louisiana Mo