DEC 15 1937

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

Do not use this space.

1. PLACE OF DEATH
County Cape Girardeau Registration District No. 1257
Township Primary Registration District No. 3009
City Cape Girardeau (No. Marble City Heights St. Ward)

File No. 40861
Registered No. 350

2. FULL NAME Little Ralph 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 col.
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) —
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 11-6-1937
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)

FATHER
13. NAME William L. Johnson
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cape Girardeau

MOTHER
15. MAIDEN NAME Edith Runnelle
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cape Girardeau

17. INFORMANT (ADDRESS) Edith Johnson Mother
18. BURIAL, CREMATION, OR REMOVAL
PLACE Fairmount Cemetery DATE Nov. 7 1937
19. UNDERTAKER (ADDRESS) F. J. Sparks Cape Girardeau Mo
20. FILED 11-6 1937 J. M. Thompson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 6 1937
22. I HEREBY CERTIFY, That I attended deceased from Nov. 6 1937, to Nov. 6 1937
I last saw him alive on Stillborn 11-6 1937 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
Stillborn - Unknown	11-6-37

Other contributory causes of importance:

Name of operation Manual delivery Date of 11-6-37
What test confirmed diagnosis? — 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) Frank W. Hall, M. D.
(Address) Cape Girardeau

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.

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