REG'D SEP 14 1938

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

Do not use this space.

28534

File No.

Registered No. 247

1. PLACE OF DEATH
County Cape Girardeau
Registration District No. 125
Township Cape Girardeau
Primary Registration District No. 3009
City Cape Girardeau (No. ..... St. ..... Ward)

2. FULL NAME Ralph Arnold Love
(a) Residence, No. ..... St., ... Ward. Risco, Mo.
(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): 8-26-1919

7. AGE: Years 18 | Months 11 | Days 27 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Truck driving
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Hauling gravel
10. Date deceased last worked at this occupation (month and year) 8-20-38
11. Total time (years) spent in this occupation 3 0

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) Near Risco, Mo.

FATHER
13. NAME Raymond Love
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) Crittenden County Kentucky

MOTHER
15. MAIDEN NAME Ethie Summers
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) Near Smithville, Tenn.

17. INFORMANT (ADDRESS) Mr. Raymond Love Risco, Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE ..... DATE 8-24 1938

19. UNDERTAKER (ADDRESS) J. C. Knight Parma, Mo

20. FILED 8-22 1938 J. M. Thompson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8/22 1938

22. I HEREBY CERTIFY, That I attended deceased from 8/21 1938, to 8/22 1938
I last saw h— alive on 8/22 1938. Death is said to have occurred on the date stated above, at 6:30 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Fracture 4th & 5th Cervicals	
Vertebra Cord Injury	

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? X-ray Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 8/20 1938
Where did injury occur? Near Mo
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. Public Place
Manner of injury Automobile Collision
Nature of injury Automobile 2 Cars

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....
(Signed) O. T. Seabaugh, M. D.
(Address) Cape Girardeau Mo

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

121