

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

Do not use this space.

34737

1. PLACE OF DEATH
 County Jackson Registration District No. _____
 Township Paris Primary Registration District No. _____
 City Paris (No. 3025 Spruce Ave) St. _____ Ward _____
 File No. _____ Registered No. 6348

2. FULL NAME Joseph George Ranch
 (a) Residence, No. 3025 Spruce 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. 4 mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE Wh 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) June 21-1926

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
	<u>0</u>	<u>4</u>	<u>15</u>	

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work None
 (b) General nature of industry, business, or establishment in which employed (or employer) _____
 (c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) Kansas City
 (STATE OR COUNTRY) Missouri

10. NAME OF FATHER R. C. Ranch

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Leadville
 (STATE OR COUNTRY) Colorado

12. MAIDEN NAME OF MOTHER Benita Tobias

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) St. C
 (STATE OR COUNTRY) Missouri

14. INFORMANT R C Ranch
 (Address) 3025 Spruce

15. FILED 11/8 26 M. M. Crome REGISTRAR
Asst

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov 6 1926

17. I HEREBY CERTIFY That I attended deceased from Sept 18 to Nov 6, 1926
 that I last saw him alive on Nov 3, 1926 and that death occurred, on the date stated above, at 10:45 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Broncho-pneumonia, infective child, Imperforate anus, Aberration buds a go. Last ablation 3 da. ago. (duration) _____ yrs. mos. da.

CONTRIBUTORY (SECONDARY) _____ (duration) _____ yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED _____
 IF NOT AT PLACE OF DEATH? _____

DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____
 WAS THERE AN AUTOPSY? _____

WHAT TEST CONFIRMED DIAGNOSIS?
 (Signed) W J Pearson, M. D.
11-7-1926 (Address) St. C Paris

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (See reverse side for additional space.)

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Mt. Moriah DATE OF BURIAL Nov 8 1926

20. UNDERTAKER Newcomer's Burial City ADDRESS _____

COPY 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.

