

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

Do not use this space.

11611

1. PLACE OF DEATH

County Jackson Registration District No. 398 File No. 1895
 Township Kaw Primary Registration District No. 23 Registered No. 1895
 City Wineyard Park Hosp. (Word)

2. FULL NAME

Mrs. Gladys Jackson Ronsick
 (a) Residence, No. _____ St. _____ Ward. Arkansas City, 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 F 4. COLOR OR RACE wh 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Divorced

5A. If MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Wilson Jackson

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 18, 1907

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
20 10 14

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work nurse 916
 (b) General nature of industry, business, or establishment in which employed (or employer) 716
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY) Kansas

PARENTS

10. NAME OF FATHER Edward Ronsick

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

12. MAIDEN NAME OF MOTHER Rosa B. Newman

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Kansas
 (STATE OR COUNTRY)

14.

INFORMANT Edward Ronsick
 (Address) Arkansas City, Mo.

15.

FILED 4/3 27 M.M. Brown
 19. _____ REGISTRAR Asch

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 2 1927

17. I HEREBY CERTIFY That I attended deceased from Mar 20, 1927, to Apr 2, 1927 that I last saw him alive on Apr 1, 1927, and that death occurred, on the date stated above, at 5:30 a.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Spenic & Cardiac embolism
880 (duration) _____ yrs. _____ mos. 10 da.

CONTRIBUTORY (SECONDARY) Ulcerative Endocarditis (mitral)
 (duration) _____ yrs. _____ mos. 26 da.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH, _____

DID AN OPERATION PRECEDE DEATH? No DATE OF _____

WAS THERE AN AUTOPSY? _____

WHAT TEST CONFIRMED DIAGNOSIS? _____

(Signed) J. G. Heitz, M. D.

4-2, 1927 (Address) 604 Cornwell Bldg

*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.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL

Arkansas City, Mo. April 4 1927

20. UNDERTAKER

J. H. Newcomer Sons A. C. Mo. ADDRESS

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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VIC 44175.

12-4.