

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

Do not use this space.

24280

1. PLACE OF DEATH

County Jackson Registration District No. 399
 Township Kaw Primary Registration District No. 1002
 City Kansas City (No. 5000, Enclad)

File No. _____
 Registered No. 3067
 St. _____ Ward) _____

2. FULL NAME

Nettie V. Ransdell
 (a) Residence. No. 5000 Enclad St. 15 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. 15 us. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED OR DIVORCED HUSBAND OF (OR) WIFE OF Samuel Ransdell

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb. 1 - 1894

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, ____ hrs. or ____ min.
33 6 4

8. OCCUPATION OF DECEASED

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

9. BIRTHPLACE (CITY OR TOWN) Waco
 (STATE OR COUNTRY) Texas

10. NAME OF FATHER Thomas B. Lottin

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

12. MAIDEN NAME OF MOTHER Mrs E. Sheffield

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

14. INFORMANT J.B. Lottin
 (Address) 5000 Enclad

15. FILED 8/5 27 1927 M. M. Crowe REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug 5 1927

17. I HEREBY CERTIFY, That I attended deceased from June 1, 1927, to August 4, 1927, that I last saw her alive on Aug 4, 1927 and that death occurred, on the date stated above, at 1:45 a. m.

THE CAUSE OF DEATH WAS AS FOLLOWS:
Myocardial Infarction with Coronary Embolism

92A (duration) 10 yrs. 02 ds.
 CONTRIBUTORY (SECONDARY) Chr. Myocarditis
 94B (duration) 3 mos. 02 ds.

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH: don't know

19. DID AN OPERATION PRECEDE DEATH? no DATE OF _____

20. WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Clinical
 (Signed) Walter A. Myers, M.D.
875, 1927 (Address) SW Shaker St Bldg

*State the DISEASE CAUSING DEATH, or if death from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. K.C. West

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Int. Moniah DATE OF BURIAL 8/6 1927

20. UNDERTAKER W. L. Loom ADDRESS 1 City

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.

RECORD

