

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

1977

NOV 2

27500

1. PLACE OF DEATH

County Jackson  
Township Washington  
City (No. 97) x back

Registration District No. 404  
Primary Registration District No. 558  
x back

File No. 27500  
Registered No. 102  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

(a) Residence. No. 97 x back St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode)

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) Divorced

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Eva D. Ralston

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Apr. 1-1867

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_ hrs. or \_\_\_\_ min.  
65 5 22

8. OCCUPATION OF DECEASED  
(a) Trade, profession, or particular kind of work Farmerhand.  
(b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_  
(c) Name of employer \_\_\_\_\_

9. BIRTHPLACE (CITY OR TOWN) See  
(STATE OR COUNTRY)

10. NAME OF FATHER Unknown

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

12. MAIDEN-NAME OF MOTHER \_\_\_\_\_

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

14. INFORMANT Mr. Blanche Robinson  
(Address) Keosauqua, Iowa

15. FILED 9-25-77 Dr. R. Lindsey REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept. 23 1977

17. I HEREBY CERTIFY That I attended deceased from Sept 23 to Sept 23 that I last saw alive on Sept 23, 1977, and that death occurred, on the date stated above, at 8:20 P.M.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Angina Pectoris

18. WHERE WAS DISEASE CONTRACTED  
94A (duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. 1 da.

CONTRIBUTORY (SECONDARY) SA (duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ da.

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

DID AN OPERATION PRECEDE DEATH? NO DATE OF \_\_\_\_\_

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Clinical  
(Signed) S. W. Fair, M. D.

244 24 15 27 (Address) 7308 Washington K.S.

\*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 Keosauqua, Iowa DATE OF BURIAL 9-25-77

20. UNDERTAKER R. Lindsey Sons ADDRESS City

WRITE PLAINLY, 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.

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