

84 1928

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

Do not use this space.

3662

1. PLACE OF DEATH

County Sevier
Township Jefferson
City Memphis

Registration District No. 810
Primary Registration District No. 4488

File No. _____
Registered No. 6
St. _____ Ward _____

2. FULL NAME

Barry Edward Ransford
(a) Residence. No. _____ 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. 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) May 31-1894

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

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

9. BIRTHPLACE (CITY OR TOWN) Memphis Mo
(STATE OR COUNTRY) Scotland

10. NAME OF FATHER M. F. Ransford

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

12. MAIDEN NAME OF MOTHER May Brown

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

14. INFORMANT M. F. Ransford
(Address) Memphis Mo.

15. FILED 2/6 28 E. E. Parrish
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 4 1928

17. I HEREBY CERTIFY That I attended deceased from _____, 19____, to _____, 19____, that I last saw h. _____ alive on _____, 19____, and that death occurred, on the date stated above, at _____.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

gun shot wounds by party of parties unknown
184 (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 1907 (duration) yrs. mos. ds.

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

19. DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____

WAS THERE AN AUTOPSY? Yes

WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) B. Ransford, judge of probate, St. _____
count bond acting coroner
, 19____ (Address) Memphis, Tenn.

*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.

18. PLACE OF BURIAL, CREMATION, OR REMOVAL Memphis cemetery DATE OF BURIAL 1/7/ 1928

20. UNDERTAKER W. H. Hayes & Son ADDRESS Memphis

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.

