

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

Do not use this space.

11817

1. PLACE OF DEATH

County Saline
Township Ellewood
City (No. _____) (No. _____) St. _____ Ward _____

Registration District No. 793
Primary Registration District No. 6036

File No. _____
Registered No. 17

2. FULL NAME

Anna Nadine Ransberger

(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

F

4. COLOR OR RACE

W

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

2

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

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

April 3 1914

7. AGE

YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
<u>13</u>	<u>11</u>	<u>21</u>	

8. OCCUPATION OF DECEASED

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

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

Mo Leonard
Saline Co MO

10. NAME OF FATHER

Levett Ransberger

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

Saline Co. Mo.

12. MAIDEN NAME OF MOTHER

Mary Maupin

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

Saline Co Mo.

14.

INFORMANT M C Maupin
(Address) Marshall Mo

15.

FILED Nov 26 1928 Albert L. Muel
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Mar 24 1928

17. I HEREBY CERTIFY That I attended deceased from Mar 18, 1928, to Mar 24, 1928 that I last saw her alive on Mar 24, 1928, and that death occurred, on the date stated above, at 746 _____.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Lobar pneumonia
108 / 0 / 0
130 (duration) yrs. mos. 7 da.
CONTRIBUTORY acute nephritis
(SECONDARY) (duration) yrs. mos. 4 da.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH: _____

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

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS

(Signed) A. J. Jones, M. D.
Mar 24, 1928 (Address) 1019 Eagle Bldg Kansas City, Mo.

*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

Ridge Park, Mo DATE OF BURIAL 3/26 1928

20. UNDERTAKER

Vandiner - Sweeney ADDRESS Marshall Mo

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.

1928

