

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

Do not use this space.

19808

1. PLACE OF DEATH

County Andrew
Township Andrew
City Mexico Mo. (No.)

Registration District No. 26
Primary Registration District No. 3002

File No.
Registered No. 89
St. Ward)

2. FULL NAME Fredesick Ranzubach

(a) Residence, No. 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. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

male

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb. 2 - 1862

7. AGE

YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
<u>66</u>	<u>4</u>	<u>3</u>	

8. OCCUPATION OF DECEASED

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

9. BIRTHPLACE (CITY OR TOWN) Jefferson City

(STATE OR COUNTRY) mo.

10. NAME OF FATHER John Ranzubach

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Hendburgh

(STATE OR COUNTRY) Germany

12. MAIDEN NAME OF MOTHER Henrietta Bocking

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Hendburgh

(STATE OR COUNTRY) Germany

14.

INFORMANT Fred Ranzubach
(Address) Mexico Mo.

15.

FILED June 19 1928 Ira S. Milligan
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 5 1928

17. I HEREBY CERTIFY That I attended deceased from Dec 5, 1927, to June 9, 1928 that I last saw him alive on June 28, 1928 and that death occurred, on the date stated above, at H. P., m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

46E
Concussion
(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY)

44B
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH?

0 DID AN OPERATION PRECEDE DEATH? No DATE OF

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS

(Signed) J. H. MILLIGAN, M. D.
, 19 (Address) Mexico 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 Mexico Mo, Cemetery

DATE OF BURIAL June 7 1928

20. UNDERTAKER

W. S. Venter & Co.
ADDRESS Mexico Mo.

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.

