

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.

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

1624530

1. PLACE OF DEATH  
 County Monroe Registration District No. 57 File No. 1624530  
 Township York Primary Registration District No. 57 Registered No. 16  
 City Wellsville Mo (No. 902) St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Cash M. Ragland  
 (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. 19 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 Single  
 (write the word)

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct 18 1890

7. AGE 38 YEARS 8 MONTHS 14 DAYS  
 If LESS than 1 day, \_\_\_\_\_ hrs. \_\_\_\_\_ min.

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

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

10. NAME OF FATHER Wm. Ragland  
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) Kays  
 (STATE OR COUNTRY)  
 12. MAIDEN NAME OF MOTHER Louisa Keith  
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Pike Co Mo  
 (STATE OR COUNTRY)

14. INFORMANT Thos. J. Ragland  
 (Address) Wellsville, Mo.

15. FILED July 28 1928 Geo. C. Pruitt  
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 14 - 1928  
 17. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred, on the date stated above, at \_\_\_\_\_.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Suicide, by Hanging  
16 1/2 (duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

CONTRIBUTORY (SECONDARY) \_\_\_\_\_  
 (duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

18. WHERE WAS DEATH OCCURRED \_\_\_\_\_  
 IF NOT AT PLACE OF DEATH \_\_\_\_\_  
 DID AN OPERATION PRECEDE DEATH? \_\_\_\_\_ DATE OF \_\_\_\_\_  
 WAS THERE AN ANESTHETIC USED? \_\_\_\_\_

WHAT TEST CONDUCTED FOR DIAGNOSIS?  
 (Signed) Wm. Apple M. D.  
July 19 1928  
Montgomery Co  
 \*State the nature of the DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (See instructions for additional space.)

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Wellsville, Mo DATE OF BURIAL July 16 1928  
 ADDRESS \_\_\_\_\_

20. UNDERTAKER J. M. ...  
 ADDRESS Wellsville Mo

