

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

Do not use this space.

1. PLACE OF DEATH

County Stoddard
Township Richland
City..... (No.....)..... St. Ward)

Registration District No. 839
Primary Registration District No. 6101

File No. 26161
Registered No. 33

2. FULL NAME

Steve A. Ramsey

(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 m 4. COLOR OR RACE W. 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) Sept. 12, 1875

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, ... hrs. or ... min. 52. 10 17-

8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work Kept Restaurant (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.

PARENTS

10. NAME OF FATHER Steve Ramsey

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

12. MAIDEN NAME OF MOTHER Unknown

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

14. INFORMANT Fred Saltzman (Address) Essex, Mo.

15. FILED 7/30, 1928 J.P. Brauden REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 7-29 1928

17. I HEREBY CERTIFY That I attended deceased from 5-14, 1928, to 7-29, 1928 (that I last saw h... alive on 7-29, 1928, and that death occurred, on the date stated above, at 10 a m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic Nephritis

13 1/2 yrs. 2 mos. 0 ds. (duration)

CONTRIBUTORY (SECONDARY) 13 1/2 yrs. 2 mos. 0 ds. (duration)

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

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

WAS THERE AN AUTOPSY?.....

WHAT TEST CONFIRMED DIAGNOSIS?.....

(Signed) Dr. W. G. Stutz, M. D. 7/30 1928 (Address) Essex, Mo.

(1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Essex Cem DATE OF BURIAL 7-30 1928

20. UNDERTAKER None ADDRESS

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.

