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

Do not use this space.

27189

1. PLACE OF DEATH
County Jackson
Township Blue
City Independence (No. ..... St. ..... Ward)
Registration District No. 398
Primary Registration District No. 5554
File No. .....
Registered No. 312

2. FULL NAME John Albert Ramsey
(a) Residence (Usual place of abode) No. North Kiger Rd. St., ... Ward. ..... (If nonresident give city or town and State)
Length of residence in city or town where death occurred 7 yrs. 7 mos. 17 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) Married

5A. ~~IF MARRIED, WIDOWED, OR DIVORCED~~ HUSBAND OF ~~(OR) WIFE OF~~ Anna Wallace Ramsey

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 1-10-1876

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
52	7	17	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Deputy Sheriff
(b) General nature of industry, business, or establishment in which employed (or employer) Jailor Co. Jail
(c) Name of employer John L Miles

9. BIRTHPLACE (~~CITY OR TOWN~~) Fulton County
(STATE OR COUNTRY) Ind.

PARENTS

10. NAME OF FATHER Leeandre Ramsey
11. BIRTHPLACE OF FATHER (~~CITY OR TOWN~~) Beaver County
(STATE OR COUNTRY) Pa.
12. MAIDEN NAME OF MOTHER Elen Troutman
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Kenamna
(STATE OR COUNTRY) Ind.

14. INFORMANT Mrs Anna Wallace Ramsey
(Address) Independence

15. FILED 8/30, 1928 F. L. COOK REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug 27 1928

17. I HEREBY CERTIFY, That I attended deceased from July 15, 1928, to Aug 27, 1928 that I last saw him alive on Aug 20, 1928, and that death occurred, on the date stated above, at ..... m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Angina Pectoris
94H
181
178C
(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) Carbon Monoxide (accidental)
gas poisoning (duration) ..... yrs. 2 mos. 15 ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? .....
DID AN OPERATION PRECEDE DEATH? No DATE OF .....
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Clinical
(Signed) George Tingman, M.D.
Aug 27, 1928 (Address) Independence 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 Woodlawn - Indep.
DATE OF BURIAL 8-29 1928

20. UNDERTAKER Att + Mitchell
ADDRESS Indep.

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.

THIS IS A PERMANENT RECORD SEP 2

JUN 16 1945