

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

Do not use this space.

31 1928

37789

1. PLACE OF DEATH

County Pettis
Houstonia,
 City 29 (No.)

Registration District No. 465
 Primary Registration District No. 4398

File No.
 Registered No. 7 St. Ward)

2. FULL NAME Minnie Ramseyer

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

Length of residence in city or town where death occurred 28 yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED Widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept. 24. 1858

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
70 2 4

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work House Wife
 (b) General nature of industry, business, or establishment in which employed (or employer) House work at home
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Pana, Ill,
 (STATE OR COUNTRY)

PARENTS

10. NAME OF FATHER William Weber

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

12. MAIDEN NAME OF MOTHER Wilhemina Keuffer

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

14. INFORMANT Writter Ramseyer
 (Address) Houstonia, Mo.

15. FILED Nov 28 1928 Edw. Smith
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov. 28th 1928

17. I HEREBY CERTIFY, That I attended deceased from Nov 1928 to Nov 28 1928
 that I last saw h... alive on Nov 28 1928, and that death occurred, on the date stated above, at 9-15 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Probably Pneumonia
82A
H4W
Opopley
 (duration) yrs. mos. da. 3
 CONTRIBUTORY (SECONDARY) Opopley
 (duration) yrs. mos. da. 1 8

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? Truiplegia
 (Signed) C. L. Burkholder, M. D.
 , 19 (Address) Houstonia

*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 Houstonia Cemetery DATE OF BURIAL Dec. 1 1928

20. UNDERTAKER W. C. Whitbrook ADDRESS Houstonia

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.

