WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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

Do not use this space.

38839

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. .....

Township ..... Primary Registration District No. 1003 Registered No. 11501

City St Louis (No. St Johns Hospital St. ..... Ward)

2. FULL NAME Ralph R. Cecil

(a) Residence. No. ..... St., 12 Ward. Parsons Kansas
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. 1 mos. 15 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: Nelle Cecil

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Nov. 19. 1880

7. AGE: Years 48 | Months — | Days 6 | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: R.R. Conductor
(b) General nature of industry, business, or establishment in which employed (or employer): M. K. & T. R.R
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Morell Kansas

PARENTS
10. NAME OF FATHER: Wm C. Cecil
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Ill
12. MAIDEN NAME OF MOTHER: Sarah Robinson
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Ill

14. INFORMANT: Nelle Cecil
(Address): Parsons Kansas

15. FILED 26 1928 Max C Starkeff REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Nov. 25 1928

17. I HEREBY CERTIFY, That I attended deceased from Nov. 9, 1928, to Nov. 25, 1928 that I last saw him alive on Nov. 25, 1928, and that death occurred, on the date stated above, at 5:35 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cerebral abscess due to infection cause unknown — (duration) yrs. 3 mos. ds.

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

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? Parsons, Kansas

DID AN OPERATION PRECEDE DEATH? No DATE OF —

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Clinical

(Signed) W B Kieffer M. D

11/25, 1928 (Address) 4500 Olive St

*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: Parsons Kansas
DATE OF BURIAL: Nov 26 1928

20. UNDERTAKER: Alexander and Sons
ADDRESS: 6175 Delmar