

DEC 31 1928

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

Do not use this space.

41812

1. PLACE OF DEATH

County *New Madrid*Registration District No. *604*

Township

Primary Registration District No. ~~500~~City *" " " "* (No. *4358*)File No. *665*

Registered No.

St. _____ Ward _____

2. FULL NAME

(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. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX

Male

4. COLOR OR RACE

White

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) *May 12 - 1888*

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, _____ hrs. or _____ min.

*40**7**17*

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

Carpenter

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) *New Madrid*
(STATE OR COUNTRY) *Mo*10. NAME OF FATHER *John (Ransburgh)*11. BIRTHPLACE OF FATHER (CITY OR TOWN) *New Madrid Mo*
(STATE OR COUNTRY) *Mo*12. MAIDEN NAME OF MOTHER *Hollie Cochran*13. BIRTHPLACE OF MOTHER (CITY OR TOWN) *Ballastich Co*
(STATE OR COUNTRY) *Mo*14. INFORMANT *John Ransburgh*
(Address) *New Madrid Mo*15. FILED *12/19/1928* *Worsannon*
REGISTRAR16. DATE OF DEATH (MONTH, DAY AND YEAR) *12-19 1928*

17.

I HEREBY CERTIFY That I attended deceased from *12-14*, 1928, to *12-19*, 1928, that I last saw him alive on *12-19*, 1928, and that death occurred, on the date stated above, at *9 a. m.*

THE CAUSE OF DEATH* WAS AS FOLLOWS:

CONTRIBUTORY (SECONDARY)

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?

(Signed) *W. L. Rieger*, M. D.*12/19/1928* (Address) *New Madrid 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

DATE OF BURIAL

*Evergreen Cem**12-20 1928*

20. UNDERTAKER

ADDRESS

*Richards and Co**New Madrid*

CAUSE OF DEATH IN plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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