

JAN 28 1929

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

Do not use this space.  
42292

1. PLACE OF DEATH

County St. Francois Registration District No. 779  
Township Randolph Primary Registration District No. 6024A  
City Desloge (No. \_\_\_\_\_) St. \_\_\_\_\_ (Ward)

2. FULL NAME

John Ramo

(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 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) Sept. 16-1872

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
56 | 3 | | |

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Common Labor  
(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) Washington Co. Mo.

PARENTS

10. NAME OF FATHER Robert Ramo

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

12. MAIDEN NAME OF MOTHER Louise Rubado

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

14. INFORMANT John E. Ramo  
(Address) Desloge Mo.

15. FILED 12-18-1928 R. B. Lester  
REGISTRAR

3 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 12-16 1928

17. I HEREBY CERTIFY That I attended deceased from July, 1927, to 12-16, 1928 that I last saw him alive on 12-16, 1928, and that death occurred, on the date stated above, at 8:30 pm.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

54 arteriosclerosis  
101 pellagra  
(duration) yrs. mos. ds. 3

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) H. Charles, M. D.

12-18-1928 (Address) Desloge 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 Gipson Cemetery DATE OF BURIAL Dec. 18 1928

20. UNDERTAKER C. Z. Boyer ADDRESS Desloge Mo.

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.

