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

Do not use this space.

2852

1. PLACE OF DEATH
County: Pettis
Township: Houstonia
City: Houstonia (No. ..... St. ..... Ward)
Registration District No. 665
Primary Registration District No. 4398
File No. .....
Registered No. 1

2. FULL NAME Sarah Ga Nell Ramsyer
(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 10 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
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: C E Ramsyer

6. DATE OF BIRTH (MONTH, DAY AND YEAR): 3-22-1892

7. AGE: Years 36 | Months 9 | Days 26 | If LESS than 1 day, ... hrs. or ..... min.

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) (STATE OR COUNTRY): Houstonia Mo

PARENTS
10. NAME OF FATHER: Wilbur Morris
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Stock Post Iowa
12. MAIDEN NAME OF MOTHER: Margrit Anderson
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Hont Know U M

14. INFORMANT: C E Ramsyer
(Address) Houstonia Mo

15. FILED Jan 19, 1929 Edwin Smith REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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16. DATE OF DEATH (MONTH, DAY AND YEAR): 1-18 1929

17. I HEREBY CERTIFY, That I attended deceased from Jan 10, 1929, to Jan 18, 1929, that I last saw h. ed alive on Jan 18, 1929, and that death occurred, on the date stated above, at 4-30 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Bronchial Pneumonia
11A
107A (duration) ..... yrs. ..... mos. 7 ds.
CONTRIBUTORY (SECONDARY): Influenza (duration) ..... yrs. ..... mos. 9 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? Sputa
(Signed) C. L. Parkhurst, 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: Jany 20 1929
20. UNDERTAKER: W. C. Westbrook
ADDRESS: Houstonia 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.