

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

Do not use this space.

10110
7

X. 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.

APR 24 1929

1. PLACE OF DEATH

County Washington

Registration District No. 213

Township Lock Springs

Primary Registration District No. 5353

City Lock Springs (No. 4153)

File No. _____

Registered No. _____

St. _____ Ward _____

2. FULL NAME

William D Ragan

(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)

Married

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

Georgia Ragan

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

Jan-1-1862

7. AGE

YEARS

MONTHS

DAYS

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

67

2

7

8. OCCUPATION OF DECEASED

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

Farmer (Ret.)

(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)

Gentry Co. Mo

10. NAME OF FATHER

Albert Ragan

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Shoxxville Tennessee

12. MAIDEN NAME OF MOTHER

Nancy Snow

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Clinton Co Mo

14. INFORMANT

(Address)

Mrs Mollie Starrett St. Joseph, Mo.

15. FILED

APR 19 1929

A. G. Minnich
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Mar. 31 - 1929

17. I HEREBY CERTIFY, That I attended deceased from Mar. 1, 1929 to Mar. 31, 1929 that I last saw him alive on Mar. 31, 1929, and that death occurred, on the date stated above, at 11:30 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Arteriosclerosis
Angina Pectoris
94 B
94 A

(duration) _____ yrs. _____ mos. _____ ds.

CONTRIBUTORY (SECONDARY)

(duration) _____ yrs. _____ mos. _____ ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH _____

8 DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____

WAS THERE AN AUTOPSY? _____

WHAT TEST CONFIRMED DIAGNOSIS

(Signed) A. G. Minnich, M. D.

*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.
Lock Springs, Mo.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

Lock Springs, Mo. April-3-1929

20. UNDERTAKER

ADDRESS

Jas D Gordon Chillicothe Mo

