R 26 1929

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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.

11441

1. PLACE OF DEATH
County Livingston — Registration District No. 508 — File No.
Township — Primary Registration District No. 3026 — Registered No. 42
City Chillicothe (No. ..... St. ..... Ward)

2. FULL NAME Ronald G. Plants
(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) June 17-1928

7. AGE — YEARS — MONTHS: 8 — DAYS: 24 — If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: At Home
(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): Kansas City Mo

PARENTS
10. NAME OF FATHER: Harold Ratliff
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Un Known.
12. MAIDEN NAME OF MOTHER: Nellie L. Plants
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Avalon Mo

14. INFORMANT: Mildred Plants
(Address) Chillicothe Mo.

15. FILED 3/14, 1929 Reuben Barney REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Mar. 11 1929

17. I HEREBY CERTIFY, That I attended deceased from Jan 26, 1929, to Mar 12, 1929, that I last saw him alive on Mar 11, 1929, and that death occurred, on the date stated above, at 2 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Bronchial Pneumonia
(Primary)
107A (duration) yrs. 1 mos. 14 ds.

CONTRIBUTORY (SECONDARY) 100a (duration) yrs. mos. 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? Physical Signs
(Signed) A. Collier, M. D
Mch 12, 1929 (Address) Chillicothe 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: Avalon Mo. — DATE OF BURIAL: 3-12 1929

20. UNDERTAKER: F. B. Nooman — ADDRESS: Chillicothe Mo.