

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

Do not use this space.

27620

1. PLACE OF DEATH

County Jackson Registration District No. 399
Township Blue Primary Registration District No. 5554
City Independence No. _____ St. _____ (Ward)

File No. _____
Registered No. 293
St. _____ (Ward)

2. FULL NAME

Minnie Hope Ramsey
(a) Residence. No. Independence Mo. St. Route 20 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 Fe 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Divorced

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 31 - 1877

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
52 2 23

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Matron
(b) General nature of industry, business, or establishment in which employed (or employer) Meune Home
(c) Name of employer Jackson Co. Mo.

9. BIRTHPLACE (CITY OR TOWN) Springfield
(STATE OR COUNTRY) Missouri

10. NAME OF FATHER Robert H. Edmonson

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

12. MAIDEN NAME OF MOTHER Martha Ann Mathews

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

14. INFORMANT Mr. Taylor
(Address) Meune Home on dep Mo RR

15. FILED Aug 26 1929 J. L. Cook REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 8/24/29

17. Dr. Cooper

I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____, that I last saw h. _____ alive on _____, 19____, and that death occurred, on the date stated above, at _____ m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Stroke
Brain

CONTRIBUTORY (SECONDARY) Heart Metastases
(duration) _____ yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED Home

IF NOT AT PLACE OF DEATH _____

DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____

WAS THERE AN AUTOPSY? _____

WHAT TEST CONFIRMED DIAGNOSIS? _____

(Signed) J. L. Cook M. D.

824, 1929 (Address) Locust St

*State the DISEASE CAUSING DEATH, or in death from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Woodlawn Cem.

DATE OF BURIAL Aug 26 1929

20. UNDERTAKER Att + Mitchell

ADDRESS Indep.

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.

48

1891

1855

2

