

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

Do not use this space.

*Ramos*  
31331

**1. PLACE OF DEATH**

County Macon  
Township Hudson  
City (No. ....) .....

Registration District No. 533  
Primary Registration District No. 5713

File No. ....  
Registered No. ....  
St. .... Ward)

**2. FULL NAME**

Lydia Ann Browns  
(a) Residence. No. at county Jail Ward. ....  
(Usual place of abode)

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 F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Don't know 1857

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
78 - - -

**8. OCCUPATION OF DECEASED**

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

9. BIRTHPLACE (CITY OR TOWN) Don't know  
(STATE OR COUNTRY)

10. NAME OF FATHER Don't know

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Don't know  
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Don't know

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Don't know  
(STATE OR COUNTRY)

14. INFORMANT Mrs John Ramsey  
(Address) Wagonville

15. FILED 9/16 1929 Mrs Luke Junkler  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept 5 1929

17. I HEREBY CERTIFY, That I attended deceased from 9/2 to 9/5 1929.  
that I last saw him alive on 9/2 1929 and that death occurred, on the date stated above, at 9 P.M.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

440  
1180  
Heart failure  
..... (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Cancer  
..... (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED 440  
IF NOT AT PLACE OF DEATH .....

DID AN OPERATION PRECEDE DEATH? DATE OF .....

WAS THERE AN AUTOPSY? .....

WHAT TEST CONFIRMED DIAGNOSIS  
(Signed) J. M. Ramos, M. D.

9/7 1929 (Address) Macon

\*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 Woodlawn  
DATE OF BURIAL Sept 7 1929

20. UNDERTAKER Robert Skinner  
ADDRESS Macon

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.

