

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

Do not use this space.

37143
4612

1. PLACE OF DEATH

County Jackson Registration District No. 1007
Township N. Kaw Primary Registration District No. _____
City N. E. Mo. (No. 632 Myrtle) St. _____ Ward _____

File No. _____
Registered No. _____
St. _____ Ward _____

2. FULL NAME

Eva May Ransau
(a) Residence. No. 632 Myrtle, ave. St. 10 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 F
4. COLOR OR RACE W
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Elmer Ransau
6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 8 1895
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 24 5 29
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Housewife
(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) Mo
10. NAME OF FATHER Jerome Beck
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Ill
12. MAIDEN NAME OF MOTHER Family Priddy
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Kansas

14. INFORMANT Elmer Ransau
(Address) 632 Myrtle
15. FILED 11/8 29 M. M. Cove REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov 7 1929
17. HEREBY CERTIFY, That I attended deceased from Nov 4 1929 to Nov 7 1929 that I last saw h.w. alive on Nov 7 1929, and that death occurred, on the date stated above, at 2 P. M.
THE CAUSE OF DEATH* WAS AS FOLLOWS:
Myocarditis, acute
93-11
115-11 (duration) yrs. mos. 3 ds.
CONTRIBUTORY (SECONDARY) Abuse of throat
(Non tuberculous) (duration) yrs. mos. 3 ds.
18. WHERE WAS DISEASE CONTRACTED? 1090
IF NOT AT PLACE OF DEATH _____
DID AN OPERATION PRECEDE DEATH? no DATE OF _____
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Plumeral
(Signed) [Signature] M. D.
11/8 1929 (Address) 226 Lathrop Bldg
*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 Forest Hill DATE OF BURIAL 11-9 1929
20. UNDERTAKER Mrs C L Foster ADDRESS KC 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.

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