

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

Do not use this space.

255

File No. _____
Registered No. 2
St. _____ Ward)

1. PLACE OF DEATH
County Audrain Registration District No. 27
Township Lynn Primary Registration District No. 3735
City Madison (No. _____ St. _____ Ward)

2. FULL NAME George Washington Ramey
(a) Residence No. _____ St. _____ Ward. (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

MEDICAL CERTIFICATE OF DEATH

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 Lucy Ramey
6. DATE OF BIRTH (MONTH, DAY AND YEAR) March 13-1850
7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
79 10 14
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Farmer
(b) General nature of industry, business, or establishment in which employed (or employer) Farming
(c) Name of employer _____

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16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 27- 1930
17. I HEREBY CERTIFY, That I attended deceased from Jan 10-, 1929 to 1-27-, 1930 that I last saw him alive on 1-26-, 1930 and that death occurred, on the date stated above, at 12:40 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Inevitable due to paralysis of throat
827
820
1154 (duration) yrs. mos. ds.
CONTRIBUTORY Paralysis of left side
(SECONDARY) due to atherosclerosis (duration) yrs. mos. ds.

9. BIRTHPLACE (CITY OR TOWN) Madison
(STATE OR COUNTRY) Wis.
10. NAME OF FATHER William Ramey
11. BIRTHPLACE OF FATHER (CITY OR TOWN) _____
(STATE OR COUNTRY) Don't know
12. MAIDEN NAME OF MOTHER Margaret Mosey
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) _____
(STATE OR COUNTRY) St. Louis, Co. Mo.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH Place of death
DID AN OPERATION PRECEDE DEATH? no DATE OF _____
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Physical signs
(Signed) W. K. McShell, M. D.
1-27-1930 (Address) Ladsonia, Mo.

14. INFORMANT Mrs. Lucy Ramey
(Address) Ladsonia Mo.
15. 1-30-1930 R. E. Barnett
REGISTRAR

*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 Ladsonia Mo. DATE OF BURIAL Jan 28 1930
20. UNDERTAKER R. E. Barnett ADDRESS Ladsonia, 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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