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.

1023

File No. 8

Registered No.

1. PLACE OF DEATH
County Jackson
Township Kaw
City Kansas City (No. Research Hospital St. Ward)
Registration District No.
Primary Registration District No.

2. FULL NAME Mrs Irene Louise Ramsay
(a) Residence. No. 1422 E 63d St., 15 Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
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 Walter L. Ramsay

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Mar 21-1892

7. AGE: 37 YEARS, 9 MONTHS, 10 DAYS. 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

235

9. BIRTHPLACE (CITY OR TOWN) Adrian
(STATE OR COUNTRY) Mich

2

PARENTS
10. NAME OF FATHER John Lees
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY) New Jersey
12. MAIDEN NAME OF MOTHER Carrie L. Mitten
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) Ohio

14. INFORMANT W L Ramsay
(Address) 1422 E 63 St

15. FILED Jan 1, 1930 M. M. Crowe REGISTRAR
Asst

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 1 - 1930

17. I HEREBY CERTIFY, That I attended deceased from Dpty Coroner, 19..., to ..., 19..., that I last saw it alive on ..., 19..., and that death occurred on the date stated above, at 3:15 P. m.

THE CAUSE OF DEATH WAS AS FOLLOWS:
Gen Peritonitis
13 B
129 (duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (SECONDARY) Ovarian abscess
(duration) ....yrs. ....mos. ....ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH? Yes DATE OF 12-14-29
WAS THERE AN AUTOPSY? Yes
WHAT TEST CONFIRMED DIAGNOSIS? Autopsy
(Signed) Stanley M Hall, M. D.
1/1, 1930 (Address) 53 Argyle

1138

*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: Indianapolis Ind.
DATE OF BURIAL: Jan 2 1930

20. UNDERTAKER: R. V. Lindsey & Sons
ADDRESS: City