APR 30 1930

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

Do not use this space.

9792

1. PLACE OF DEATH
County: Pettis
Registration District No.: 668
Primary Registration District No.: 3032
File No.:
Registered No.: 67
Township:
City: Sedalia (No. ..., St. ..., Ward)

2. FULL NAME: James Ramsey
(a) Residence. No. North Ohio St., 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: Male
4. COLOR OR RACE: Col
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Divorced

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): 1865

7. AGE: about

Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
65	—	—	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Janitor at
(b) General nature of industry, business, or establishment in which employed (or employer): Laundry
(c) Name of employer: Dorn - Cloney

9. BIRTHPLACE (CITY OR TOWN): Georgetown
(STATE OR COUNTRY): Mo.

PARENTS

10. NAME OF FATHER: unknown
11. BIRTHPLACE OF FATHER (CITY OR TOWN): unknown
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER: unknown
13. BIRTHPLACE OF MOTHER (CITY OR TOWN): unknown
(STATE OR COUNTRY)

14. INFORMANT: Stacie Ramsey
(Address): 410 N. Washington St.

15. FILED: 3-6, 1930 J. T. Love
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): March 4 1930

17. I HEREBY CERTIFY, That I attended deceased from Oct 15 1929 to March 4 1930 that I last saw h. alive on Feb 28 1930 and that death occurred, on the date stated above, at 8:13 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Carcinoma Sigmoid
Alt. (Rectum) Secondary
5 yr.

(duration) yrs. 6 mos. ds.

CONTRIBUTORY (SECONDARY)

(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? X
DID AN OPERATION PRECEDE DEATH? No DATE OF X
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? X-Ray
(Signed) W. W. Bergeron M. D.
, 19 (Address) Sedalia, Mo.

*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: Sedalia, Mo.
DATE OF BURIAL: 3/4/ 1930

20. UNDERTAKER: H. H. Ferguson
ADDRESS: Sedalia

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.