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.
16806

1. PLACE OF DEATH
County Monroe
Township Indian Creek
City Monroe City (No. ..... St. ..... Ward)

Registration District No. 581
Primary Registration District No. 4343

File No. .....
Registered No. 13

2. FULL NAME Harry Evans Ragsdale
(a) Residence. No. ..... St. ..... Ward. .....
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 3 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: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Virginia E. Ragsdale

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov 9th 1878

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
52	6	15	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Section Foreman - 1186
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer Wabash R. R. Co.

9. BIRTHPLACE (CITY OR TOWN) Holliday
(STATE OR COUNTRY) Missouri

PARENTS
10. NAME OF FATHER William Ragsdale
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Shelby co
(STATE OR COUNTRY) Missouri
12. MAIDEN NAME OF MOTHER Elizabeth Moore
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Monroe Co. Mo.

14. INFORMANT John W. Ragsdale
(Address) 322 David St

15. FILED 5/25, 1930 O. W. Wilson REGISTRAR
Deputy

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 24th 1930

17. I HEREBY CERTIFY, That I attended deceased from May 23rd, 1930, to May 24th, 1930 that I last saw him alive on May 24th, 1930, and that death occurred, on the date stated above, at 1 A. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Acute dilitation of the heart due to an acute attack of indigestion
(duration) Seventeen hrs. mos. ds.

CONTRIBUTORY (SECONDARY) Chronic disease of the stomach of unknown cause
(duration) ..... yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH? no DATE OF —
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) W. D. Pipkin, M. D.
5/24, 1930 (Address) Monroe City, 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: Prairie Hill Cemetary. Salsberry Mo.
DATE OF BURIAL: May-26 1930

20. UNDERTAKER: Wilson & Son. Monroe City Mo
ADDRESS

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