

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

Do not use this space.

18789

PLACE OF DEATH
 County Callaway Registration District No. 104
 Township _____ Primary Registration District No. 3008
 City Fulton (No. _____) St. _____ Ward _____

File No. _____
 Registered No. 129

2. FULL NAME Margha Ramsey
 (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 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>Negro</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Jerry</u>		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>May 31, 1832</u>		
7. AGE	YEARS <u>98</u>	MONTHS <u>0</u>
	DAY <u>10</u>	IF LESS than 1 day, _____ hrs. or _____ min.
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work <u>Retired</u> (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) <u>Missouri</u>		
PARENTS	10. NAME OF FATHER <u>Dt.</u>	
	11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Dt.</u>	
	12. MAIDEN NAME OF MOTHER <u>Malinda Jameson</u>	
	13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Missouri</u>	

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 11, 1930

17. I HEREBY CERTIFY, That I attended deceased from June 11, 1930 to June 11, 1930 that I last saw h. alive on June 11, 1930, and that death occurred, on the date stated above, at 8:00 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Bronchial Pneumonia
107A
1072

(duration) _____ yrs. _____ mos. 5 ds.

CONTRIBUTORY (SECONDARY) Senility
 (duration) _____ yrs. _____ mos. _____ ds.

18. WHERE WAS DISEASE CONTRACTED
107A
 IF NOT AT PLACE OF DEATH _____

0 DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____

WAS THERE AN AUTOPSY? _____

WHAT TEST CONFIRMED DIAGNOSIS?
 (Signed) R. H. Hall M. D.
 , 19 (Address) Fulton 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 <u>Southside Cemetery</u>	DATE OF BURIAL <u>June 15, 1930</u>
20. UNDERTAKER <u>Eli Bell</u>	ADDRESS <u>Fulton, Mo</u>

14. INFORMANT Mrs. Hopie Hopkins
 (Address) Fulton, Mo

15. June 14, 30 R. N. Crews
 REGISTRAR

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.

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