

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

Do not use this space.

23244

1. PLACE OF DEATH

County Jasper
Township Union
City Carthage (No. _____)

Registration District No. 408
Primary Registration District No. 5565

File No. _____
Registered No. _____
St. _____ Ward _____

2. FULL NAME Marydella Jane Ralston

(a) Residence No. R.F.D. #3 St. _____ Ward _____
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 60 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 Samuel P. Ralston

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec. 5-1866

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
63 6 26

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Cooper Co. Mo.
(STATE OR COUNTRY)

10. NAME OF FATHER John Patton

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Ky.
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Stacia Greenville

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Unknown
(STATE OR COUNTRY)

14. INFORMANT L. Ralston
(Address) Carthage Mo.

15. FILED 7-3 30 E.H. Ketchum
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

17. I HEREBY CERTIFY That I attended deceased from 5/7 1930 to 7/1 1930 that I last saw h. alive on 7/1 1930 and that death occurred, on the date stated above, at 7/1 11:00 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
chr Pulmonary Tuberculosis
23A

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) none
(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? General Physical
(Signed) A.A. L. Ralston M. D.

July 3, 1930 (Address) Carthage 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 Dudman Cemetery DATE OF BURIAL 7-3 1930
20. UNDERTAKER Ulmer - Brock ADDRESS Carthage

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.

Force ✓
JUL 23 1930

