





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

ALL INFORMATION CALLED  
FOR MUST BE WRITTEN ON  
THIS SUPPLEMENTARY.

**1. PLACE OF DEATH**

County Cooper Registration District No. 218 File No. ....  
 Township ..... Primary Registration District No. 3015 Registered No. 91  
 City Boonville St. .... Ward .....

**2. FULL NAME**

(a) Residence No. .... St. D 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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) M  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 22 1930

17. I HEREBY CERTIFY That I attended deceased from ..... 19....., 19.....  
 that I last saw h..... alive on....., 19....., and that death occurred, on the date stated above at.....

DEATH WAS AS FOLLOWS:

Death - fracture of hip 2 hours  
 (duration) yrs. mos. ds.  
 (duration) yrs. mos. ds.

DR. C. H. VAN RAVENSWAAY  
 DR. ALEX VAN RAVENSWAAY

**VAN RAVENSWAAY CLINIC**  
 VICTOR BUILDING  
 BOONVILLE, MISSOURI

DR. W. H. ZIEGLER  
 DR. W. M. WHITAKER

For State Board of Health Date Mo

Address .....

**R** Mr. George Roseleaf got out of a truck on which he had caught a ride on no. 40 U.S. Highway. Another car struck him and knocked him down, causing his death in 2 hours after accident. Nobody was to blame.

Registry No. .... Full Name Heard Ramsey M. D.

DEATH No. DATE OF .....

ASSIST. Heard Ramsey M. D.  
Boonville

CAUSE OF DEATH, or in deaths from VIOLENT CAUSES, state (1) whether ACCIDENTAL, SUICIDAL, or

CAUSE OF DEATH, OR REMOVAL DATE OF BURIAL

(Address)

15. FILED..... 19..... J. R. Sweeney REGISTRAR

20. UNDERTAKER

ADDRESS

THEY ARE COMPLETE AS PRESCRIBED BY LAW

REGISTRY

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