

Do not use this space.

30628

File No. 183
Registered No. _____
St. _____ Ward)

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

OCT 31 1930

1. PLACE OF DEATH
County Newton Registration District No. 609
Township _____ Primary Registration District No. 4363
City Neosho (No. 314 West McKinney St. _____ Ward)

2. FULL NAME Nannie May Ransom
(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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Frank D Ransom

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 1.1853

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
77 4 4

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) Missouri
(STATE OR COUNTRY)

10. NAME OF FATHER James M Miller

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

12. MAIDEN NAME OF MOTHER Elizabeth Richardson

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

14. INFORMANT Neosho, Missouri
(Address)

15. FILED 9/15/30 C. E. Mayers REG. CLERK
by L. M.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept 5.1930

17. I HEREBY CERTIFY, That I attended deceased from Oct 1 1930 to Sept 5 1930 that I last saw her alive on Sept 30, and that death occurred, on the date stated above, at 2:05 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Acute endocarditis and heart block
5370
235
9111 (duration) _____ yrs. _____ mos. _____ ds.
CONTRIBUTORY (SECONDARY) Carcinoma of
Bladder & Pelvis 2 yrs. (duration) _____ yrs. _____ mos. _____ ds.

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

DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____

WHAT TEST CONFIRMED DIAGNOSIS
(Signed) Orteobale M. D.

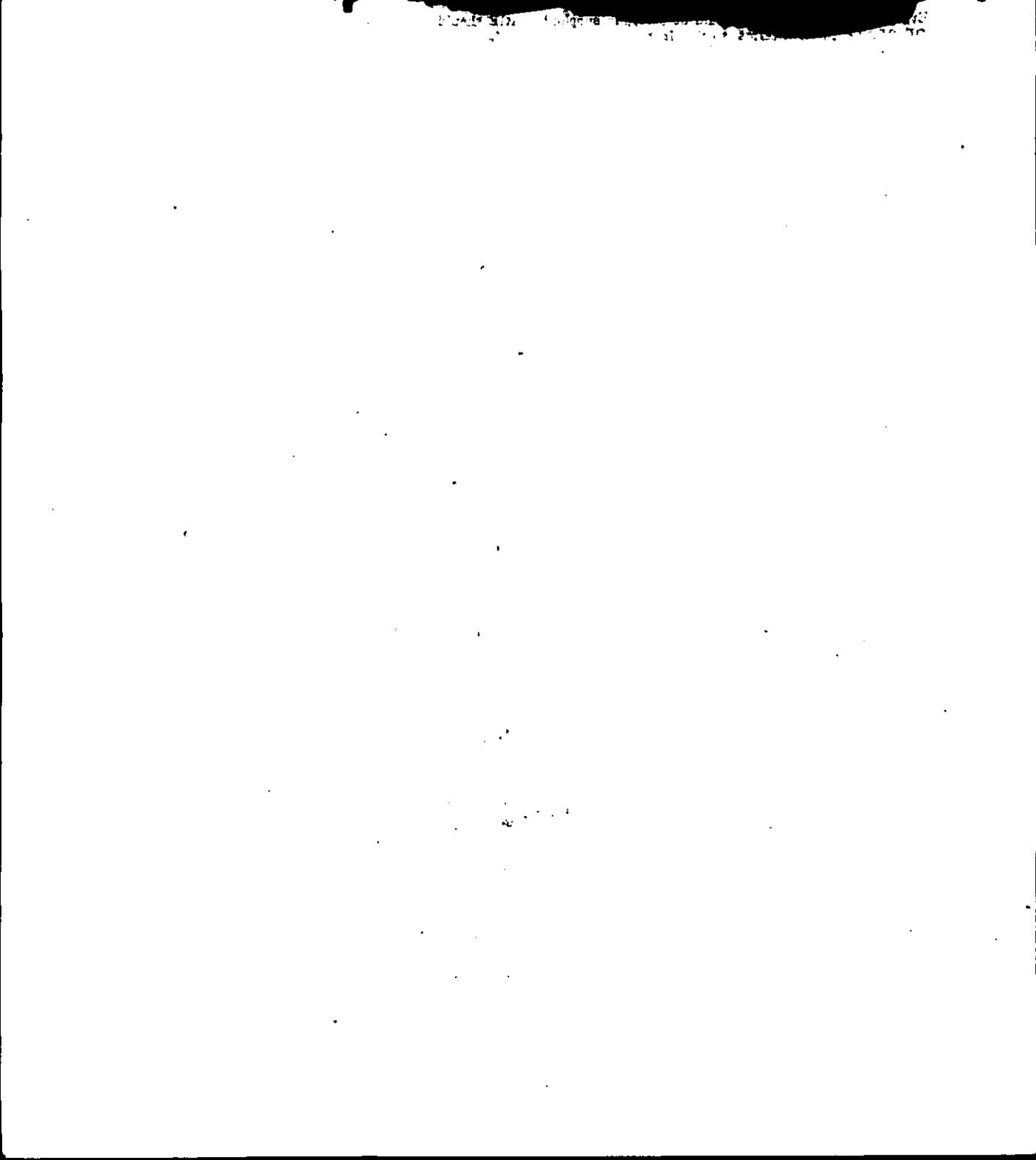
(Address) Neosho, Mo

*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 Canton, Missouri DATE OF BURIAL 9/6/30

20. UNDERTAKER Righams ADDRESS Neosho

N. E.—Every entry on this form should be checked exactly as it appears. If any change is made, the cause of death should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in full, so that it may be properly classified. Exact statement of OCCUPATION is very important.



cated by check marks, lacking from the death certificate.

Name: _____

Minnie May Raymond 180,

Who died at: _____

Neosho, Mo on *Sept. 5, 1930*

Residence: No. _____

St. _____

(If nonresident, city or town)

Length of residence in city or

town where death occurred: Years _____ Months _____ Days _____

Sex: _____

Color or race: _____

Single, married, widowed or divorced: _____

Date of birth: _____

Age: Years _____

Months _____

Days _____

Occupation: (a) Trade _____

(b) Industry: _____

Birthplace (State or country) _____

USA

Birthplace of father (State or country) _____

Birthplace of mother (State or country) _____

CAUSE OF DEATH: _____

*Acute Endocarditis
and Heart Block*

Contributory: _____

*Carcinoma of Bladder
and Pelvis. Carcinoma started in
the bladder ~~and~~*

Where was disease contracted? _____

Did operation precede death? _____

Date of _____

Was there an autopsy? _____

What test confirmed diagnosis? _____

*Diagnosis was made
in Barnes Hospital
St. Louis, Mo.*

Name of physician: _____

every item of information shown on this certificate

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