

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.

36996

1. PLACE OF DEATH

County Jefferson

Registration District No. 668

Township Sedalia

Primary Registration District No. 3032

City Sedalia

(No. _____)

File No. _____

Registered No. 298

St. _____ Ward _____

2. FULL NAME

(a) Residence. No. 805 N. Osage 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.

da.

How long in U.S., if of foreign birth?

yrs.

mos.

da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

F

4. COLOR OR RACE

Col

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

married

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

Jeff Williams

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

6-8-1893

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, _____ hrs. or _____ min.

37

5

6

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

House wife

(b) General nature of industry, business, or establishment in which employed (or employer)

Self

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

Smithton

(STATE OR COUNTRY)

Mo

10. NAME OF FATHER

Henry Ramsal

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Monroton

12. MAIDEN NAME OF MOTHER

Marie Mopping

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

mo

14.

INFORMANT

(Address)

Nora Thompson

Kansas City Mo

15.

FILED

11-19-30

J. J. Love

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

Nov 14 - 1930

17.

HEREBY CERTIFY, That I attended deceased from Sept 29 - 1930 to Nov 14 - 1930 that I last saw her alive on Sept 14 - 1930, and that death occurred, on the date stated above, at 11 P.

THE CAUSE OF DEATH WAS AS FOLLOWS:

Epilepsy

CONTRIBUTORY (SECONDARY)

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) C. J. Synavely, M. D.

, 19 (Address) Sedalia 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

DATE OF BURIAL

Smithton, Mo.

11/19 1930

20. UNDERTAKER

F. W. Ferguson

ADDRESS

Sedalia

Crapp