

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

Do not use this space.

24801

1. PLACE OF DEATH

County *Greene*
Township *Franklin*
City *Fair Grove*

Registration District No. *322*
Primary Registration District No. *5446A*

File No.
Registered No.
St. Ward)

2. FULL NAME

Alta 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. da. 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 *Burn Ramsey*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Aug-18-1906*

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
<i>24</i>	<i>9</i>	<i>7</i>	<i>3</i>	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Housewife*

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Greene Co Mo*

13. NAME *George Vere*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Mo*

15. MAIDEN NAME *Eva Dickson*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Greene Co Mo*

17. INFORMANT (ADDRESS) *Burn Ramsey Fair Grove Mo*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Amen Grove* DATE *July 23 1931*

19. UNDERTAKER (ADDRESS) *R. B. J. Supply Co*

20. FILED *July 23 1931 Mrs. Gertrude Tracy Registrar*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *July 21 1931*

I HEREBY CERTIFY That I attended deceased from *July 20 1931* to *July 21 1931*. I last saw him alive on *July 21 1931*. Death is said to have occurred on the date stated above, at *8* p.m.

The principal cause of death and related causes of importance were as follows:

Post Partum Hemorrhage
1918
1916/4413
Other contributory causes of importance: *hypertension*

Date of onset *July 20 1931*

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? *No*
If so, specify

(Signed) *E. M. Barry* M. D.
(Address) *College Ave*

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.

AUG 26 1931

