

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

Do not use this space.

**27329**

**1. PLACE OF DEATH**

County Vernon Registration District No. 875  
 Township \_\_\_\_\_ Primary Registration District No. 303A  
 City Nevada (No. 908 W. Walnut) St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Catharine Ragsdale  
 (a) Residence, No. 908 W. Walnut 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) Widow

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 15, 1848

7. AGE YEARS 83 MONTHS 00 DAYS 014 If LESS than 1 day, \_\_\_\_\_ hrs. of \_\_\_\_\_ min.

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

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) New Albany Ohio

FATHER 13. NAME Nichols

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) U. S. A

MOTHER 15. MAIDEN NAME Not known

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) U. S. A

17. INFORMANT Thos. G. Ragsdale  
(ADDRESS) Nevada, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Clatsop, Kas DATE July 31, 1931

19. UNDERTAKER H. E. Julius  
(ADDRESS) Clatsop, Kas

20. FILED 8-10-31 E. B. King  
Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 30, 1931

22. I HEREBY CERTIFY That I attended deceased from July 3, 1931 to July 30, 1931  
 last saw her alive on July 30, 1931. Death is said to have occurred on the date stated above, at 4:15 p.m.  
 The principal cause of death and related causes of importance were as follows:  
Chr. interstitial nephritis with uremia Date of onset 1948  
 Other contributory causes of importance: 131 Fall by stepping on rug in her home injuring her hip. No fracture July 3, 1931  
 Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_  
 When 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? \_\_\_\_\_  
 If so, specify \_\_\_\_\_  
 (Signed) E. B. King M. D.  
 (Address) Nevada, Mo.

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 29 1931

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