

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

Do not use this space.

1. PLACE OF DEATH

County Johnson
Township Calderburg
City near town (No.)

Registration District No. 433
Primary Registration District No. 5590

File No. 34852
Registered No.
St. Ward)

2. FULL NAME

John L. Ramsey

(a) Residence, No. St. Ward.
(Usual place of abode)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept 21, 1857

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
74 1 1

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work farmer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Johnson Co. Missouri
(STATE OR COUNTRY)

10. NAME OF FATHER John J. Ramsey

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

12. MAIDEN NAME OF MOTHER Sarah Marshall

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Not known
(STATE OR COUNTRY)

14. INFORMANT Mrs. Jenn H. Hays
(Address) Odessa Mo

15. Nov-13-31 J. J. Coffman
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct 20 1931

17. I HEREBY CERTIFY, That I attended deceased from 5-20-31 to 10-20-31, 1931, that I last saw him alive on 9-25, 1931, and that death occurred, on the date stated above, at m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Carcinoma of Stomach
460 (duration) 1 yrs. 11 mos. 3 ds.

CONTRIBUTORY (SECONDARY) Embolic, arteriosclerosis
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH? no DATE OF 4-6-31

WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Obturator (Embolic)
(Signed) M. D. M. D.

, 19 (Address) Odessa 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 Warrensburg Mo DATE OF BURIAL 10/22 1931

20. UNDERTAKER L. C. Fuoman ADDRESS Odessa

NOV 24 1931

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

