

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

Do not use this space.

39979

1. PLACE OF DEATH
 County Wayne Registration District No. 892
 Township Black River Primary Registration District No. 6193
 City (No.) St. Ward

2. FULL NAME Isaac Newton 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. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

File No. _____
 Registered No. 20 Ward

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct 20-1844

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
87 - 24

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work Carpenter
 (b) General nature of industry, business, or establishment in which employed (or employer)
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Wayne Co, Mo
 (STATE OR COUNTRY)

10. NAME OF FATHER Scott Knowlton

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

12. MAIDEN NAME OF MOTHER Scott Knowlton

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

14. INFORMANT James Ramsey
 (Address) Fredericktown Mo

15. FILED Nov 2 1931 Mrs. Hattie McPherson
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov-14-1931

17. I HEREBY CERTIFY, That I attended deceased from Nov 12, 1931, to Nov 14, 1931 that I last saw him alive on Nov 12, 1931, and that death occurred, on the date stated above, at 3:00 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

malaria
 (duration) yrs. mos. ds. 15
 CONTRIBUTORY (SECONDARY) 38
 (duration) yrs. mos. ds.

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

8 DID AN OPERATION PRECEDE DEATH?..... DATE OF.....

WAS THERE AN AUTOPSY?.....

WHAT TEST CONFIRMED DIAGNOSIS?
 (Signed) O. A. Myers, M. D.
 , 19 (Address) Glenville, 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 Fredericktown Mo DATE OF BURIAL Nov. 16 1931

20. UNDERTAKER Ed. Hedeb ADDRESS Fredericktown Mo

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

REC 26 1931

PARENTS

