

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

Do not use this space.

12556

1. PLACE OF DEATH

County JACKSON Registration District No. _____
Township HAW Primary Registration District No. _____
City KANSAS CITY (No. 4816, ROANOKE - APT # 2 St. _____ Ward _____)

File No. _____
Registered No. 1491 Ward _____

2. FULL NAME CHARLES W RANSOM

(a) Residence, No. 4816 ROANOKE - APT. 2 St., 7 Ward.
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 28 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX MALE 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 MRS. GERTRUDE RANSOM

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) FEBRUARY-4-1871

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	<u>61</u>	<u>2</u>	<u>3</u>	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. HANDWRITING
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. EXPERT 220
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) KANSAS 2

FATHER
13. NAME WILLIAM

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) INDIANA

MOTHER
15. MAIDEN NAME AMANDA PRATHER

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) INDIANA

17. INFORMANT MRS GERTRUDE RANSOM
(ADDRESS) 4816 ROANOKE ROAD

18. BURIAL, CREMATION, OR REMOVAL
PLACE CREMATION DATE APRIL-9 1932

19. UNDERTAKER D.W. NEWCOMER'S SONS
(ADDRESS) KANSAS CITY, MISSOURI

20. FILED 4/8 1932 M. M. Crowe
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) APRIL 7 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan 1 1932 to Apr 7 1932
I last saw h. in alive on Apr 7 1932 Death is said to have occurred on the date stated above, at 9:30 P.M. Apr 7
The principal cause of death and related causes of importance were as follows:

Angina Pectoris
Date of onset _____
Other contributory causes of importance: _____
HTA

Name of operation none Date of _____
What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? no 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? _____
If so, specify SK P Jones, M. D.
(Signed) _____ (Address) 421 E 11 St.

WHITE 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.

421 East 11th St.

10-12; 3-5