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.

MAY 25 1932

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

Do not use this space.

13141

1. PLACE OF DEATH

58 County Linn — Registration District No. 498 — File No. 5

Township Buckeye — Primary Registration District No. 5663 — Registered No.

City ~~Buckeye Mo~~ (No. ..... St. ..... Ward)

2. FULL NAME James J Ramsey

(a) Residence, No. ..... St., ... Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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: 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: Flora Ramsey

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Aug 11 1858

7. AGE: 73 YEARS — MONTHS: 9 — DAYS: 24 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Farmer
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): Apr 27 1932
11. Total time (years) spent in this occupation: 50 yrs

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): St Catherine Mo

FATHER

13. NAME: Isaac Ramsey
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): St Catherine Mo

MOTHER

15. MAIDEN NAME: Josephine Watkins
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Howard Co Mo

17. INFORMANT (ADDRESS): E. L. Anderson, Buckeye Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Wyandotte — DATE: Apr 30, 1932

19. UNDERTAKER (ADDRESS): Hunter & Rollins, Brookfield

20. FILED 4-28 1932 J. L. Cantwell
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Apr 28, 1932

22. I HEREBY CERTIFY, That I attended deceased from Apr 28 1932, to Apr 28, 1932
I last saw him alive on Apr 28, 1932. Death is said to have occurred on the date stated above, at 7 a.m.
The principal cause of death and related causes of importance were as follows:

Angina Pectoris — Date of onset

94A ① 94A

Other contributory causes of importance:

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? .....
If so, specify .....
(Signed) J. L. Cantwell, M. D.
(Address) Buckeye Mo