

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

Do not use this space.

23111 ✓

1. PLACE OF DEATH

48
County Jackson
Township Washington
City Kansas-City (No. 1310, East 80 th)

Registration District No. 5558 404

Primary Registration District No. 404 3558

File No. _____
Registered No. 48
St. _____ Ward) _____

2. FULL NAME Elizabeth Ann Ragan

(a) Residence, No. 95th & Blue Ridge Road 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) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Green B. Ragan

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 9, 1860
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 72 4 14

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home
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) Warsaw (STATE OR COUNTRY) Ky

13. NAME Joe Foree

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

15. MAIDEN NAME Frances Mc Kenny

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

17. INFORMANT E. B. Ragan (ADDRESS) 1111 1/2 E. 80th St.

18. BURIAL, CREMATION, OR REMOVAL PLACE Valentine DATE 7/25/32

19. UNDERTAKER W. H. G. Sons (ADDRESS) 3811 E. 80th St.

20. FILED 7-25 1932 Joe Foree Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 23, 1932

22. I HEREBY CERTIFY That I attended deceased from _____, 19____, to _____, 19____

I last saw h. _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at _____ m.

The principal cause of death and related causes of importance were as follows:

Cancer Stomach Date of onset _____

46B 116B

Other contributory causes of importance: (4)

23. If death was due to external causes (violence), fill in also the following: 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) Deputy Coroner, M. D.

(Address) Deputy Coroner

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 24 1932

