

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

Do not use this space.

28972

1. PLACE OF DEATH

County Stout Registration District No. 514
 Township Stout Primary Registration District No. 4190
 City Stout (No. _____) St. _____ Ward _____

2. FULL NAME

Mrs. Anna Ratliff
 (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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>F.</u>	4. COLOR OR RACE <u>W.</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OR (OR) WIFE OF <u>Anna Ratliff</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Apr 9, 1856</u>		
7. AGE YEARS <u>76</u>	MONTHS <u>5</u>	DAYS <u>7</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>housewife</u>		
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 <u>✓</u>
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Forgo Ia.</u>		
13. NAME <u>Thomas Jones</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ia.</u>		
15. MAIDEN NAME <u>Elizabeth Crowl</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ia. 31</u>		
17. INFORMANT <u>Mrs. Pearl Ratliff</u> (ADDRESS) <u>Stout</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Stout</u> DATE <u>7/18/32</u>		
19. UNDERTAKER <u>Robert G. Phillips</u> (ADDRESS) <u>Stout</u>		
20. FILED <u>9/17</u> , 19 <u>32</u> <u>6856</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 16, 1932

22. I HEREBY CERTIFY, That I attended deceased from July 2, 1932, to Sept 16, 1932
 I last saw her alive on Sept 14, 1932. Death is said to have occurred on the date stated above, at 9:30 a.m.
 The principal cause of death and related causes of importance were as follows:
Chronic Interstitial Nephritis
131
131
 Other contributory causes of importance:
①

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? No
 If so, specify _____
 (Signed) R. G. Phillips, M. D.
 (Address) Stout, Mo.

WRITE 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.

OCT 25 1932

Dr. S. E. Simpson