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.

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

Do not use this space.

36676

1. PLACE OF DEATH

80 County Pettis — Registration District No. 670 — File No.

Township Heath Creek — Primary Registration District No. 5896 — Registered No.

City ~~Sedalia~~ (No. Sedalia Route 4 St. Ward)

2. FULL NAME Minnie Rangey

(a) Residence, No. Sedalia Route 4 St. Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? 60 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Oct. 20, 1840

7. AGE: YEARS 92 — MONTHS 1 — DAYS 2 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: House Wife
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) (STATE OR COUNTRY): Germany 10

FATHER

13. NAME: Vitt
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany.

MOTHER

15. MAIDEN NAME: Do not know.
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany.

17. INFORMANT (ADDRESS): Earnest Glesson, Sedalia R.R. 4

18. BURIAL, CREMATION, OR REMOVAL
PLACE Crown Hill DATE 11/23 1932

19. UNDERTAKER (ADDRESS): McLaughlin Bros, Sedalia Mo

20. FILED Dec 7 1932 Flossie Ferguson, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Nov 22, 1932

22. I HEREBY CERTIFY, That I attended deceased from Called once Nov 22, 1932, to ....., 19....
I last saw her alive on Nov 22, 1932. Death is said to have occurred on the date stated above, at 12 P.m.
The principal cause of death and related causes of importance were as follows:

Left Lobar Pneumonia — Date of onset Nov 15 32

108 108 108

Other contributory causes of importance: Senility (1)

Name of operation ..... Date of .....
What test confirmed diagnosis? None Was there an autopsy? No

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) C. P. Cartwright, M. D.
(Address) Hughesville Mo

[illegible] Hughesville

[illegible]

[illegible] 2