

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

Do not use this space.

39327

1. PLACE OF DEATH

39 County GREENE Registration District No. 320
Township CENTER Primary Registration District No. 5443
City _____ (No. _____) St. _____ Ward _____

File No. _____
Registered No. _____

2. FULL NAME

Robert Lee Ramsey
(a) Residence, No. R. 3 Wallard 2nd Ward. _____
(Usual place of abode)
Length of residence in city or town where death occurred 4 yrs. 18 mos. 18 ds. How long in U. S., if of foreign birth? _____ yrs. _____ mos. _____ ds.
(If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX MALE 4. COLOR OR RACE WHITE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) SINGLE

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF ✓

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 8-9-1932

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
✓ ✓ 4 18 ✓

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) (STATE OR COUNTRY) GREENE Co MISSOURI

13. NAME HUGH RAMSEY

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) GREENE Co MISSOURI

15. MAIDEN NAME Leora Sparkman

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Republic Mo.

17. INFORMANT HUGH RAMSEY
(ADDRESS) R. 3 Wallard Mo.

18. BURIAL, CREMATION, OR REMOVE PLACE 66 Cemetery DATE 12-28-32

19. UNDERTAKER (ADDRESS) Bois Darc Mo

20. FILED 12/28 1932 Lucy Hoyal Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-27-1932

22. I HEREBY CERTIFY, That I attended deceased from 12-10-1932 to 12-27-1932

I last saw him alive on 12-27-1932. Death is said to have occurred on the date stated above, at 10:30 a.m.

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

Bronch Pneumonia
Cerebral Meningitis
1932
1932
Other contributory causes of importance: _____
Date of onset _____

Name of operation _____ Date of _____
What test confirmed diagnosis? Ureal 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? no
If so, specify _____

(Signed) B. J. W. W. W., M. D.
(Address) Bois Darc 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.

JAN 23 1933

