

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

Do not use this space.

19334

1. PLACE OF DEATH

35 County Dunklin
Township Buffalo
City..... (No....., St. Ward)

Registration District No. 283
Primary Registration District No. 5272

File No.....
Registered No.....

2. FULL NAME Rayford Ransom

(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 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 X

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr. 9 1912

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
21 2 15

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. 173
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) Miss

FATHER 13. NAME W.R. Ransom

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

MOTHER 15. MAIDEN NAME Ada Henderson

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

17. INFORMANT (ADDRESS) Chas. Ransom

18. BURIAL, CREMATION, OR REMOVAL PLACE Black oak ark DATE June 24, 1933

19. UNDERTAKER (ADDRESS) Anderson Und. Co.

20. FILED 6/24 1933 Lucia Wach Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 23, 1933

22. I HEREBY CERTIFY that I attended deceased from unnattended by doctor, 19....., 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:

By being shot with a pistol in the hand of Chas. J. Roland with the intention of killing him (verdict of jury) Date of onset

Other contributory causes of importance:

Name of operation 173 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? homicide Date of injury June 23, 1933

Where did injury occur? Junings Stone Mo (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. Public Place
Manner of injury Shot with pistol
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify.....

(Signed) D. J. Prigdon Cor., M. D.
(Address) Rennett 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.

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