

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

Do not use this space.

25308

1. PLACE OF DEATH

100
5
1
County Scott
Township
City Commerce (No. _____) St. _____ Ward _____

Registration District No. 817
Primary Registration District No. 4493

File No. _____
Registered No. 6
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Herbert H. Ranney</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Aug. 27 - 1880</u>		
7. AGE	YEARS	MONTHS
	<u>73</u>	<u>11</u>
		DAYS
		<u>4</u>
	IF LESS than 1 day, _____ hrs. or _____ min.	
OCCUPATION	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
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Commerce Mo</u>		
MOTHER FATHER	13. NAME <u>John J. Faisher</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Springfield Mo</u>	
	15. MAIDEN NAME <u>Columbia Dargatzis</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Springfield, Mo</u>	
17. INFORMANT (ADDRESS) <u>Elizabeth R. Fester Commerce, Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Cape Girardeau</u> DATE <u>July 27 1933</u>		
19. UNDERTAKER (ADDRESS) <u>Walter Bros. Cape Girardeau Mo</u>		
20. FILED <u>7-26</u> , 19 <u>33</u> <u>H. J. Blackledge</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 26 1933

22. I HEREBY CERTIFY That I attended deceased from July 18 1933, to July 25 1933,
I last saw him alive on July 25 1933 Death is said to have occurred on the date stated above, at 3:55 a.m.
The principal cause of death and related causes of importance were as follows:
Hypostatic Pneumonia Date of onset 1/19
Typhoid fever
Other contributory causes of importance:
None

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) H. J. Blackledge, M. D.
(Address) Commerce Mo.

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 26 1933

