

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 20 1933

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

Do not use this space.

31342

1. PLACE OF DEATH

County St. Louis Registration District No. 791
Township St. Louis Primary Registration District No. 1009
City St. Louis (No. City Hospital #2)

File No. _____
Registered No. 8049
St. _____ Ward _____

2. FULL NAME

Beatrice Katharine Ragland
(s) Residence, No. 4215 W. Maffett St. Ward 11
(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 Female 4. COLOR OR RACE Colored 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) Oct 10 - 1919

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	<u>13</u>	<u>11</u>	<u>2</u>	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Schoolgirl
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 181
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) Alabama

FATHER
13. NAME John Ragland

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

MOTHER
15. MAIDEN NAME Birda Jordan

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

17. INFORMANT (ADDRESS) Johanna Jordan 4215 W. Maffett

18. BURIAL: CREMATION, OR REMOVED Calvary Cem. 9-15-33
DATE _____

19. UNDERTAKER (ADDRESS) Emmett Toney Co.

20. FILED SEP 15 1933 J. J. Bredeck
Registrar.

MEDICAL CERTIFICATE OF DEATH

Physician in attendance
21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-12 1933

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____
I last saw h. _____ alive on _____, 19____. Death is said

to have occurred on the date stated above, at 5:45 A.M.
The principal cause of death and related causes of importance were as follows:

Second degree burns of head, neck, face, trunk, back and thighs caused by attempting to start a fire with gasoline in the store in the basement of her home
Accident
Date of onset 30

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? accident Date of injury 9-12, 1933

Where did injury occur? city
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. Home

Manner of injury Second degree burns
Nature of injury accident

24. Was disease or injury in any way related to occupation of deceased?
If so, specify _____
(Signed) Harold P. Kelly M.D.
R. J. Conner
9/14/33 (Address) _____

