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.

38753

1. PLACE OF DEATH
County Saline — Registration District No. 796 — File No.
Township — Primary Registration District No. 3038 — Registered No. 164
City Marshall (No. — St. — Ward)

2. FULL NAME Edward George Ravo
(a) Residence. No. Mo. State School — Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. 1 mos. 16 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 —

6. DATE OF BIRTH (MONTH, DAY AND YEAR) April 7, 1902

7. AGE: YEARS 31 — MONTHS 7 — DAYS 6 — If LESS than 1 day, ...hrs. or ....min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer) —
(c) Name of employer —

9. BIRTHPLACE (CITY OR TOWN) Union
(STATE OR COUNTRY) Mo. Franklin Co

PARENTS
10. NAME OF FATHER John Ravo
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Union
(STATE OR COUNTRY) Mo. Franklin Co
12. MAIDEN NAME OF MOTHER Clotilda Pearick
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Union
(STATE OR COUNTRY) Mo. Franklin Co

14. INFORMANT Hospital Record
(Address) Marshall

15. FILED 11/14/1933 Walter Page Deputy REGISTRAR

MEDICAL CERTIFICATE OF DEATH

3

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov. 13 1933

17. I HEREBY CERTIFY, That I attended deceased from Sept. 27, 1933 to Nov. 13, 1933 that I last saw him alive on Nov. 13, 1933 and that death occurred, on the date stated above, at 6 P. m.

41 THE CAUSE OF DEATH* WAS AS FOLLOWS:
Septicemia
(Purulent infection)
155B
115B
36 (duration) yrs. mos. 16 ds.

CONTRIBUTORY (SECONDARY) Abscess Neck & Lower Jaw (duration) yrs. mos. 16 ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH —
DID AN OPERATION PRECEDE DEATH? No DATE OF
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Clinical
(Signed) H. H. Maples, M. D.
11/13, 1933 (Address) Marshall

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Jeffersburg Mo — DATE OF BURIAL: 11-15-1933

20. UNDERTAKER: P W Campbell — ADDRESS: Marshall