

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.

Do not use this space.

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

85

39155

JAN 26 1934

1. PLACE OF DEATH

County Buddon Registration District No. _____
 Township _____ Primary Registration District No. 1001
 City St. Joseph (No. State Hospital for Insane No. 2 St. _____ Ward)

2. FULL NAME George Ramsey

(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 1 yrs. 8 mos. 10 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) 1864 Year
 7. AGE YEARS 69 MONTHS February DAYS 3 IF LESS than 1 day, _____ hrs. _____ min.
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
 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) Unknown
 (STATE OR COUNTRY) Missouri

13. NAME Unknown

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

15. MAIDEN NAME Unknown

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

17. INFORMANT Next of Kin
 (ADDRESS) State Hwy # 2 St. Joseph Mo

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Warkville, Mo DATE Dec 5 1933

19. UNDERTAKER Theaton, Be Gale & Bourne
 (ADDRESS) 219 W. 10th St. Joseph, Mo

20. **DEC 5 1933** John H. Bender
 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) December 1, 1933

22. I HEREBY CERTIFY, That I attended deceased from July 1931, to December 1, 1933.
 I last saw him alive on December 1, 1933. Death is said to have occurred on the date stated above, at 2:12 p. m.
 The principal cause of death and related causes of importance were as follows:

Bronch. Pneumonia
1127A
1-2-0-13
 Other contributory causes of importance: enteritis
 Date of onset Mar. 29 1933

Name of operation _____ Date of _____
 What test confirmed diagnosis? Chis. Findings 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? No
 If so, specify _____
 (Signed) Clifton Smith, M. D.
 (Address) State Hwy # 2 St. Joseph, Mo

