

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

Do not use this space.

1. PLACE OF DEATH

County Montgomery
Township Danville
City Near Danville Mo. (No. 588)

Registration District No. 588
Primary Registration District No. 4346

File No. 40809-A
Registered No. _____
St. _____ Ward _____

2. FULL NAME

Ramon Arias

(a) Residence, No. Aricibo Puerto Rico Ward. _____
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred X yrs. X mos. X ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE Puertorican 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF unknown
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 23 1901
7. AGE YEARS MONTHS DAYS 42 5 24 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. laborer
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) Aricibo Puerto Rico

13. NAME Incencia Arias

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Aricibo Puerto Rico

15. MAIDEN NAME Doleres Ramos

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Aricibo Puerto Rico

17. INFORMANT (ADDRESS) Mrs. Ramon Arias Aricibo Puerto Rico

18. BURIAL, CREMATION, OR REMOVAL PLACE Montgomery City DATE 12-19-1933

19. UNDERTAKER (ADDRESS) F.E. K. duell Montgomery City Mo.

20. FILED Dec 19 1933 Mrs. Luille Daniels Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 17-1933 19

22. I HEREBY CERTIFY, That I attended deceased from Dec. 17, 1933, to Dec 17, 1933

I last saw him alive on _____, 19____. Death is said

to have occurred on the date stated above, at 7P m.

The principal cause of death and related causes of importance were as follows:

Accidental death being
struck by auto "unavoidable"
(Obvious?)
Coroner's jury
Fractured skull

Other contributory causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? Clinical 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 12-17-1933

Where did injury occur? 1 Mile East of Danville Mo.

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Highway No. 40

Manner of injury hit by auto

Nature of injury fractured skull

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify _____

(Signed) James O. Helm (Coroner)

(Address) New Florence Mo.

JUN 25 1934

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.

