

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

Do not use this space.

691

**1. PLACE OF DEATH**

County Dunklin Registration District No. 288  
 Township Independence Primary Registration District No. 429  
 City Kennett (No. 4178) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
 Registered No. \_\_\_\_\_

**2. FULL NAME** Coy Ratleff

(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. 0 mos. 0 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

**MEDICAL CERTIFICATE OF DEATH**

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 Wife Widow

6. DATE OF BIRTH (MONTH, DAY AND YEAR) March 2, 1931

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
2 10 20

8. OCCUPATION OF DECEASED  
 (a) Trade, profession, or particular kind of work Infant  
 (b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_  
 (c) Name of employer \_\_\_\_\_

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Butler, Co. Mo.

10. NAME OF FATHER Ben Ratleff

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Lebanon Ark.

12. MAIDEN NAME OF MOTHER Wm Conover

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Dunklin Co. Mo

14. INFORMANT Ed Conover  
 (Address) Kennett Mo

15. FILED 29 1934 Thule Davis  
 REGISTRAR

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan. 23, 1934

17. I HEREBY CERTIFY, That I attended deceased from Dec. 23, 1933, to Jan. 23, 1934 that I last saw him alive on Jan. 22, 1934, and that death occurred, on the date stated above, at 12.30 A. m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Noma.  
 (duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

CONTRIBUTORY (SECONDARY) Measles  
 (duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. 10 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 none

(Signed) Paul Johnson, M. D.

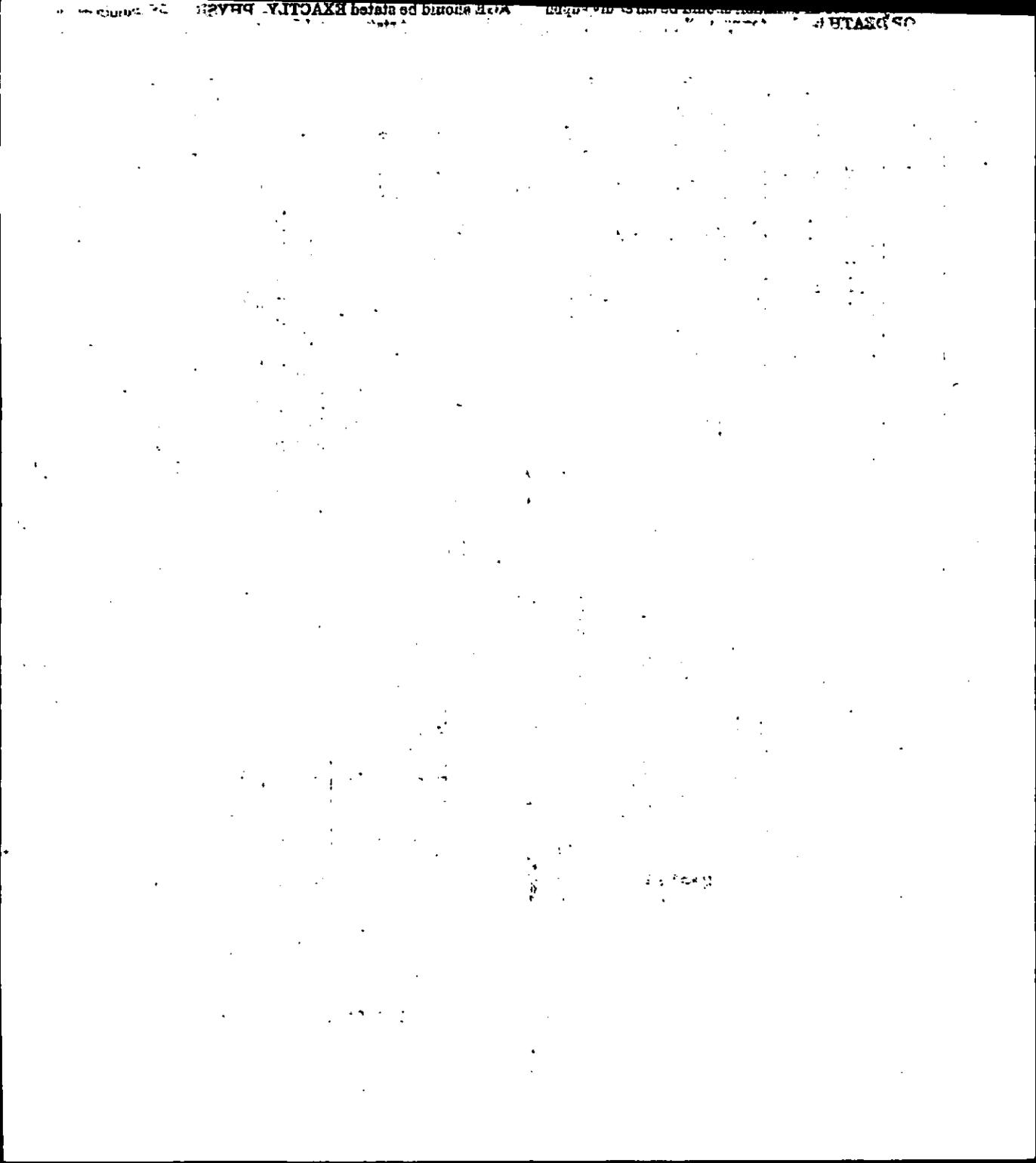
, 19 \_\_\_\_\_ (Address) Kennett Mo

\*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 Hazel Run DATE OF BURIAL 1/23, 1934

20. UNDERTAKER County ADDRESS Kennett Mo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. PHYSICIANS should state EXACTLY. AGE should be stated EXACTLY. Exact statement of OCCUPATION is very important. 1934



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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

**1. PLACE OF DEATH**

County Dunklin  
Township  
City Kennett (No. ....)

Registration District No. 288  
Primary Registration District No. 4172

File No. 691  
Registered No. ....  
St. .... Ward)

**2. FULL NAME**

(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 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX m 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) y

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF child

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 2 - 1931

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
2 10 20

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant

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) Butter Co Mo

13. NAME Ben Ratliff

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lake City Mo

15. MAIDEN NAME Ma Conner

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dunklin Co Mo

17. INFORMANT (ADDRESS) Ed Conner Kennett Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Hope Cemetery DATE 12-23-1934

19. UNDERTAKER (ADDRESS) County

20. FILED 2-9 1934 Wheeler Davis Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jun 23 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec 23 1933 to 2-23-1934

I last saw him alive on Jun 23 1934. Death is said to have occurred on the date stated above, at 12 A.m.

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

Measles  
Date of onset

Other contributory causes of importance:

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

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) Paul Baldwin, M. D.  
(Address) Kennett Mo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

TEMPORARILY SUPPLEMENTARY

5-691