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

Do not use this space.

16885

1. PLACE OF DEATH
County Jackson — Registration District No. 909 — File No. 2254
Township Kaw — Primary Registration District No. 1002 — Registered No.
City K.C. Mo. (No. St. Joseph Hospital St. Ward)

2. FULL NAME C. W. Ramey (Charles W. Ramey)
(a) Residence, No. 3820 Norris St., Ward. (If nonresident, give city or town and State)
(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M
4. COLOR OR RACE W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mary Allen Ramsey Mar. 3 1879

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

7. AGE YEARS 55 MONTHS 2 DAYS 17 ~~28~~ If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Manager
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) ~~Xxxx~~ Unknown

FATHER
13. NAME Unknown
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No

17. INFORMANT (ADDRESS) Omer Ramey, 3820 E 10th St. Ter. K.C.Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Benton Kansas DATE 23rd 1934

19. UNDERTAKER (ADDRESS) Blackmon & Son

20. FILED 2825 19 Indep Blvd Registrar.
5/21-34. M. M. Crowe asst.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 20 1934

22. I HEREBY CERTIFY, That I attended deceased from Mch. 11, 1934, to May 20, 1934
I last saw her alive on May 19, 1934 Death is said to have occurred on the date stated above, at 2 A.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Multiple abscess of Liver	3/1/34
125 E	
123 E	
125 E	
Other contributory causes of importance:	
Rectal fissure + sub phrenic abscess	2-34
	3/28/34

Name of operation Incision + drainage Date of 4/23/34
What test confirmed diagnosis? Clinical Was there an autopsy? Yes

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) Chas L Peery, M. D.
(Address) 2433 Indep Ave

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.

JUN 19 1934

WHITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD