

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.

1. PLACE OF DEATH SEP 13 1934

County.....

Registration District No. 1003

File No. 27674

Township.....

Primary Registration District No.....

Registered No. 7933

City. St. Louis (No. 4261)

City. Wash. (No. 4)

St. Ward

2. FULL NAME Anna Ramsey  
(a) Residence, No. 1549 Fairmont St., Ward 4  
(Usual place of abode)  
Length of residence in city or town where death occurred 8 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 MEDICAL CERTIFICATE OF DEATH

3. SEX M	4. COLOR OR RACE W	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED OR DIVORCED HUSBAND OF (OR) WIFE OF Jesse Ramsey		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 4 1898		
7. AGE YEARS 36	MONTHS 6	DAYS 27
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Wash.		11. Total time (years) spent in this occupation.
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)		

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 31 1934

22. I HEREBY CERTIFY That I attended deceased from 6/13 1934 to 7/31 1934

I last saw him alive on 7/31 1934. Death is said to have occurred on the date stated above, at 7:00 pm.

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

Sleptococcus  
Septicemia  
1450  
1817  
36  
1450  
Other contributory causes of importance:  
Purpural Septis  
Pneumonia

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illiana

13. NAME Leo Bogich

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

15. MAIDEN NAME Ida Willoughby

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

17. INFORMANT (ADDRESS) Wash Dept of Health

18. BURIAL, CREMATION, OR REMOVAL PLACE Lakewood Park DATE Aug 2 1934

19. UNDERTAKER (ADDRESS) A. H. McLaughlin 2321 1/2 S. 1st St. Wash.

20. FILED 1116 - 2 1934 J. B. Bredeck Registrar.

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 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?  
If so, specify (Signed) H. B. Chad (Address) City Hospital, M. D.

