

OCT 15 1934

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

Do not use this space.

1. PLACE OF DEATH  
 County Madison Registration District No. 538  
 Township Madison Primary Registration District No. 3028  
 City Fredericktown, Mo. St. Mo. Ward)       
 File No. 33382  
 Registered No. 40

2. FULL NAME Ovelyn Virginia Ragsdale  
 (a) Residence, No.      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 Female 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 School Keil

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 27-1920

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
14 8 15

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

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) Madison Co Mo

13. NAME L. B. Ragsdale

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Madison Co Mo

15. MAIDEN NAME Floa Williams

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

17. INFORMANT Mrs Floa Williams  
 (ADDRESS)     

18. BURIAL, CREMATION, OR REMOVAL  
 PLACE Fredericktown Mo DATE Sept 10, 1934

19. UNDERTAKER W. H. Webb  
 (ADDRESS) Fredericktown Mo

20. FILED Sept 10, 1934 S. C. Blount  
 Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 10, 1934

22. I HEREBY CERTIFY, That I attended deceased from Sept 4, 1934 to Sept 10, 1934  
 I last saw him/alive on Sept 19, 1934 Death is said to have occurred on the date stated above, at 6:15 m.  
 The principal cause of death and related causes of importance were as follows:  
Laryngitis  
of Septicemia  
10  
 Other contributory causes of importance: 10

Name of operation none Date of       
 What test confirmed diagnosis?      Was there an autopsy? no

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) M. B. Barker, M. D.  
 (Address) Fredericktown Mo

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.

By L. D. Schwaner

